



REPORT

ON THE

Health of the County
Borough of Belfast
for the Year 1936

BY

The Medical Superintendent
Officer of Health



Belfast

Printed by S. C. ALLEN & COMPANY, LTD.
CORPORATION STREET WORKS.

1937



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BY

CHARLES S. THOMSON, M.D., (Glasgow) : M.R.C.P. (Ed.) :

D.P.H. : B.Hy. (University of Durham)

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County Borough of Belfast

PUBLIC HEALTH COMMITTEE,
1936

Chairman :

Alderman J. DUNLOP WILLIAMSON, M.D., D.L., J.P.

Deputy Chairman :

Alderman ROBERT PIERCE.

Aldermen :

THOMAS HENDERSON, M.P.

HARRY C. MIDGLEY, M.P.

ROBERT PIERCE.

JAMES DUNLOP WILLIAMSON, M.D., D.L., J.P.

Councillors :

WILLIAM BRADBURY

JOSEPH MAGUIRE, J.P.

PERCIVAL BROWN

THE RIGHT HONOURABLE THE LORD
MAYOR (SIR CRAWFORD McCULLAGH,
Bart., D.L., J.P.)

THOMAS LOFTUS COLE.

HERBERT JAMES CRAWFORD

CLARKE SCOTT

WILLIAM DOWLING.

WILLIAM JOHN STEWART, M.P.

JAMES KILPATRICK.

WILLIAM JAMES WILLIAMSON



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COUNTY BOROUGH OF BELFAST—1936.

Summary of Vital Statistics.

Area (Census 1926) (Exclusive of 1,723 acres of tidal water)	14,797 acres.
Population (Estimated by M.S.O.H.,)	436,000
{ Number of Houses in the City (Census 1937)	106,601
* { Number of Inhabited Houses do.	101,930
{ Number of Uninhabited Houses do.	4,269
† Average Number of Persons per Family do.	4.19
Length of Public Streets	312 miles, 993 yards.
Back Streets and Passages repairable by the Corporation and used for Vehicular traffic	77 miles, 241 yards
Valuation of the City (as distinct from the Rateable Value) for the year 1936-7	£2,921,027 19 0
Estimated produce of 1d. rate for 1936-7	11,350 0 0
Expenditure on Public Health Services for year ended 31st March, 1937 :—	
Public Health Committee :	£64,581 0 0
Maternity and Child Welfare Committee :	£10,817 0 0
Tuberculosis Committee :	£40,422 0 0
Marriages	3,735
Marriage Rate	8.6 per 1,000 of the population.
Births	9,242
Birth Rate	21.2
Still Births (included in total births notified)	489
Births (notified)	10,036
Birth Rate average for the ten years, 1927-1936	21.6
Deaths	6,207
Death Rate	14.2
Death Rate average for the ten years, 1927-1936	14.1
Deaths of Infants under one year of age	933
Infant Mortality Rate	101 deaths per 1,000 births.
Average for the ten years, 1927-1936	99 deaths per 1,000 births.
Number of women dying in, or in consequence of childbirth	53
Deaths from Epidemic Diseases	398
Death Rate from Epidemic Diseases	0.9
Deaths from Measles	7
Deaths from Scarlet Fever	13
Deaths from Whooping Cough	64
Deaths from Diphtheria	38
Deaths from Diarrhoea and Enteritis under 2 years of age	229
Deaths from Influenza	46
Deaths from Phthisis	406
Death Rate from Phthisis	0.9
Total Deaths from Chest Affections	1,229
Death Rate from Chest Affections	2.8

*Preliminary Report Census 1937, Table 6

† do. do. do. do. 7

To the Right Honourable the Lord Mayor, Sir Crawford McCullagh, Bart., the Aldermen and Councillors of the Belfast County Borough Council.

My Lord Mayor, Aldermen and Councillors,

I have the honour to present to you my eighth Annual Report as Medical Superintendent Officer of Health of the city. Within the body of this report will be found a comprehensive statement, statistical and otherwise, dealing with the activities of the component parts of the Public Health Department.

In my introductory letter I have always made a point of dealing with one or two of the more clamant or striking subjects, which have been and are of outstanding importance to the health of the community.

This year the subjects I have chosen to deal with specially are (1) Mosquitoes : (2) Diphtheria Immunisation : (3) Housing : (4) Maternity and Child Welfare and (5) Milk.

Mosquitoes.

It will be agreed that Mosquitoes are a source of serious annoyance to many citizens ; more than that, I suggest that the Mosquito is a danger to the health, aye, possibly even to the lives of the more susceptible and fragile members of the community, in view of the possibility of sepsis following upon bites. It is time the mosquito was taken seriously by many more people. The mosquito breeds in stagnant water : its presence in any quantity, as a rule, is an indication that stagnant water is close at hand. Leaflets and advertisements have been issued in formidable numbers from this Department, but to what purpose we are sometimes tempted to ask. Citizens can and do protest where the plague of mosquitoes infest their domain. The Public Health Department is possibly reviled for its inactivity, but behold how many are there who will as much as cover over or spray with oil the garden water barrel, or level up that hollow in the footpath where stagnant water collects and mosquito larvae breed. A little self help, observed by the many, would ease the burden of the Department, and help us to encompass the downfall of the foe. The Department has five good men and true, who dig, drain, delve and spray for the greater part of the year. The letters of our kind adviser and mentor, Professor Gregg Wilson, show that the five men are doing good work ; at the same time, the said letters are indirectly a proof that far more than five men are required. What are five men among so many mosquitoes ? The most effective anti-mosquito work is drainage work, whereas our five men are essentially sprayers. Our work, too, is hampered by the absence or comparative smallness of the efforts of contiguous local authorities. If spraying is carried out just within our own boundaries, the parent mosquitoes can find sanctuary by fleeing into the less lethal territory of our neighbours.

Now, which are the most affected areas in the city ?

We have three large breeding grounds, viz :—the Bog Meadows, the Shore Road area, and the Sydenham district. The last two are prolific breeding grounds of the salt marsh mosquito (*Aedes detritus*) : as this variety is known to travel for a considerable distance from its breeding ground, it has been mainly responsible for the large number of mosquitoes found during the summer months in the Antrim Road and the Sydenham areas.

In the Shore Road area the portion liable to flooding is being gradually filled up by the City Surveyor and this must eventually result in the abatement of the nuisance by destroying the swamps necessary for the breeding of these insects. Unfortunately, just outside the city boundary, there is a considerable area of swampy ground, which will be able to keep us well supplied with mosquitoes unless it is subjected to drastic treatment.

In the Bog Meadows, which lie between the Lisburn Road and the Falls Road, there are almost two square miles of breeding grounds. Much of this is inaccessible for spraying purposes ; this condition is mainly caused by the silting

up of the Blackstaff River, the natural drainage of the grounds. The extent to which this river is blocked up can be seen by reference to the photograph No 1. The river is so much overgrown by vegetation that it is unable to take the drainage of the adjoining fields. Photograph No. 2 shows a large pond caused by the overflowing of the Blackstaff River. Our staff have been able to drain this pond completely during dry spells when the river was low enough. Photograph 3 shows the men engaged in this work, and in photograph 4 there can be seen the outlet from the pond cleared by our staff, and which completely empties the pond and dries up a large area of the surrounding ground. Photograph 5 shows portion of a field converted into an ideal mosquito breeding ground by the overflowing of this river. It is with pleasure we record that the City Surveyor intends to clear the river of debris and vegetation, etc., consequently a very large area of the Bog Meadows will be dried up. That which was good grazing ground 25 years ago is now completely inaccessible.

Besides the breeding grounds mentioned we have smaller places, such as the area along the Lagan Boulevards and Sunnyside Street: another area lies at the end of Deramore Park extending to Richmond Park. Much good work has been done by drainage operations in these areas. Of course, this work is of a very minor nature and consists chiefly in opening existing channels which may have become blocked up.

From the 5th of February until the 21st November, we have had a staff of 5 men engaged in mosquito control work, and this was augmented on April 6th by an Inspector who was put on to supervise and direct the oiling, larviciding, etc. We have only dealt with these water places in which mosquito life had actually been found, and where minor drainage operations would be of service.

The men were required to take samples of the water in each place where immature forms of mosquitoes were found; these samples were brought to the office for identification, the immature forms were hatched in specially constructed cages. This ensured that no place would be treated in which the mosquito population was being kept down by its natural enemies, viz.:—sticklebacks, watre fowl, etc. In all, 120 samples were brought in during the year and the specimens identified.

The principal work of the mosquito control staff consists of oiling or larviciding the various breeding places, and for this purpose we have used waste motor oils collected from the various motor garages in the city; this oil is mixed with paraffin, in equal parts, for spraying. Where waste oil was not available, we used a crude oil to mix with the paraffin. Paraffin alone does not produce a tough enough film on the surface of the water and is too easily removed by the wind. As a "larvicide" we used a mixture called "Petroleum fluid" made for us by the Gas Works (Chemical Department) but we have found out later, as the result of experimental work, that "Civic Fluid" is a much better larvicide to use.

The quantity of the different oil, etc., used during the year was:—

Waste Motor Oils	.....	.....	3,300 gallons
Petroleum Oil	.....	.....	2,790 gallons
Paraffin Oil	.....	.....	2,281 gallons
Crude Oil	.....	.....	498 gallons
Civic Fluid	.....	.....	126 gallons
Chloride of Lime	.....	.....	$\frac{1}{2}$ cwt.

Seventeen Motor Garage Proprietors in the city were good enough to allow us to collect their waste oil, free of charge, and to these we extend our grateful thanks.

We are also greatly indebted to Professor Gregg Wilson for his valuable help in reporting on the conditions found by him during repeated inspections of the various breeding grounds.

The summer of 1936 was particularly favourable to the propagation of mosquitoes, as, owing to the wetness of the season, there were small accumulations

of stagnant water in places which would be dry normally ; these, if untreated, are capable of infecting whole districts.

Our aim and object, in writing these notes, is not only to describe what we are doing, but to make it quite clear that the mosquito menace can be reduced provided that the present skeleton staff is substantially augmented. Inspector Stewart A. Nelson has made a special study of the subject and has done sound work. Greater efforts by the citizens and by adjacent local authorities should bring us within reach of success in our efforts to reduce that which is a source of annoyance and worse to many of our citizens.



No. 1

*Showing blocked condition
of the Blackstaff River*

No. 2

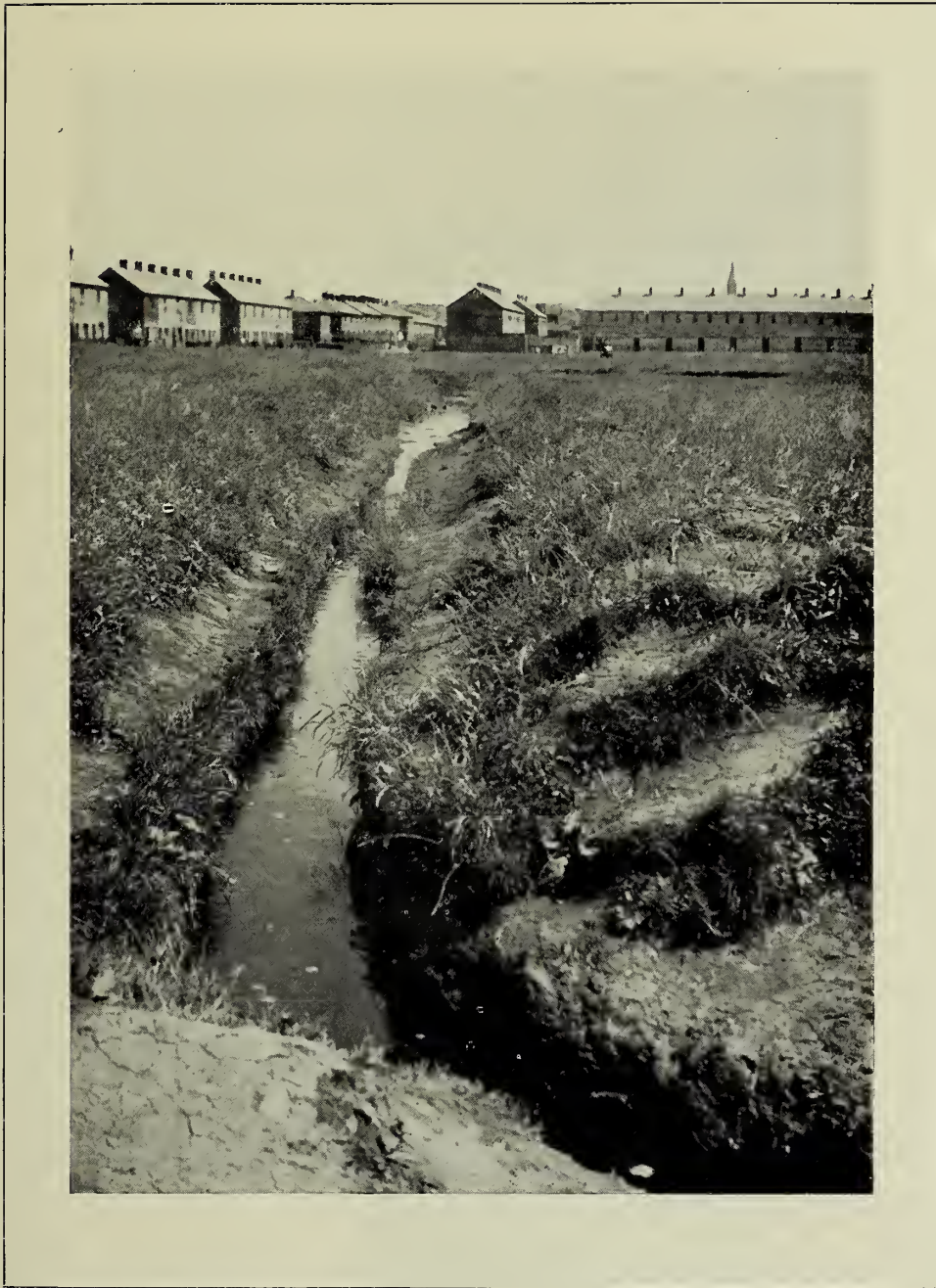
*Showing large pond caused
by the overflowing of the
Blackstaff River*





No. 3

Shows some of our men clearing the outlet from the pond with the result that this large space was dried up



No. 4

*Shows outlet from large pond—Photo No. 2
This outlet, when cleared of obstructions
by our staff, completely emptied the pond*



No. 5 *Ideal breeding ground along the
course of the Blackstaff River.
This place used to be good
grazing land*

Immunisation for Diphtheria.

On the 28th of October, 1936, we began this work, and by the second week in May, 1937, a period of six and a half months, four thousand two hundred and fifteen children had completed the immunisation course. Of this number, three thousand, three hundred and thirty-one were immunised at our Institutions, Clinics and Schools. Four hundred and fifty-eight were immunised by general Medical Practitioners, and four hundred and twenty-six were found to be negative on Primary Schick Testing. As this is the first occasion on which this work has been dealt with in the Annual Report, and as publicity and propaganda are the factors upon which the fullest carrying out of this work depends, no excuse is made for dealing with the subject at some length.

Our knowledge of diphtheria dates back to the days of Aretaeus and Galen. In the Middle Ages it was known as Angina Suffocativa, or the putrid disease, or malignant sore throat.

Over in England and Wales some 60,000 cases are notified every year, and of these about 8,000 die. In Belfast, since 1930, our annual notifications have varied from 425 to 1,201 (in 1935, our peak year) and our deaths from 13 to 55. This infectious disease is caused by a germ and leads to the formation of a thick exudate or false membrane on various sites, such as the tonsils, the soft palate, the nose. This membrane teems with germs, and poisons are given off which may kill. In the old days, before anti-toxic serum was discovered, some thirty per cent. of those attacked by the disease died. Nowadays, thanks to the work of Behring, Kitasato, etc., around 1894, if the child so suffering is seen at once and given diphtheria anti-toxin, death is unlikely to ensue. Delay in calling in the doctor is fatal: parents may not recognise that the child is ill, and so disaster may take place.

This anti-toxin acts as an antidote to the circulating poison or toxin given off by the germs. When a case is admitted to hospital for treatment, the cost of nursing and of serum, etc., is certainly not less than £15. To-day the cost of immunisation, per child, is only about half-a-crown. Apart from the cost in mental suffering to the parents of a patient, and looking at it only from an economical point of view, surely immunisation is well worth while.

What exactly do we mean by immunisation? There are different kinds of immunity. When an infant is born, it derives certain substances called anti-toxins from its mother's blood; these anti-toxins neutralise and render harmless any toxins of diphtheria, which may enter its body. This inheritance is called Inherited Immunity. Unfortunately, it only lasts about six months. If a child is attacked by an infectious disease, the poison or toxin from the germs of that disease stimulate the child's tissues to produce anti-toxin to that poison. If the child's tissues fail to respond adequately, the child may die from that disease. If, however, as is generally the case, the child's tissues produce enough anti-toxin to neutralise the germs' toxins, then recovery takes place, and enough anti-toxin is left in the child's tissues to prevent the same germ from setting up an attack again, possibly for the remainder of the child's life. Thus we see the genesis of Acquired Natural Immunity. Again, if a child contracts diphtheria, we inject at once anti-toxin. This borrowed immunity is called Passive Immunity, because the anti-toxin received into its body was a passive agent. Lastly, there is Active Immunity. This is what happens when we immunise children, "active" immunity results from the injection into the body of toxoid; this stimulates the body to produce its own anti-toxin. This process is known as Active Immunisation.

We began our campaign by issuing leaflets broadcast to parents. These drew attention to the fact that diphtheria was the most serious of all children's diseases, and that it was a fatal disease or might leave incapacitating complications in the event of survival. The responsibility rests with the parent. Immunisation consists in the injection of a few drops of a fluid, usually alum precipitated toxoid, in two doses, at three or four weekly intervals, under the skin of the arm. Protection develops in about three months' time, hence, of course, it is useless to try and suppress an epidemic by immunising during the epidemic. The age for

immunisation is from nine months to fourteen years, more especially from two to five years. The service is given free, although those who can afford it are advised to have it done by their family doctor. Parents are asked to sign the form of agreement and send it back to the Medical Superintendent Officer of Health by post or hand it to a Health Visitor at a School or Child Welfare Clinic.

As stated above, immunisation began on the 28th October last. Special attention was paid first to the Institutions in the city where numbers of young children were boarded; these children being under one roof are a susceptible medium for the spread of infection should it find its way into their midst.

The Institutions immunised were:—Victoria Homes, Ballysillan; Balmoral Boys' School; Nazareth Lodge and Nazareth Houses (later, Graymount Hospital and Haypark Special School have been immunised). By the middle of November, five regular sessions weekly were also being held in the various school clinics. As a large number of the parents of the children attending Finiston P.E. School, where diphtheria had recently been prevalent, had requested that their children should be immunised, special sessions were held in this school and a large number of the pupils were immunised.

The "flu" epidemic in January interfered considerably with our work; during the epidemic actual immunisation in the schools was suspended and the numbers attending the Clinics were greatly reduced. By the middle of February the work was again in full swing; since that date immunisation has been proceeding smoothly in the schools, and also regular sessions have been carried on at the different Clinics. In the Schools special attention has been paid to the Infant and First classes (i.e. mainly children under 8 years). These next to the pre-school children are the most susceptible and suffer most from epidemics of diphtheria.

The method mainly in use is the "two dose" alum method as described by Chesney. The second dose is given three or four weeks after the primary dose. Older children (mainly over 10 years) and those found to be sensitive to alum toxoid are immunised with Toxoid-Antitoxin Floccules. Only a small proportion fail to complete the course and on making enquiries in these cases, we usually find that something interfered with the appointment and they usually re-attend on fixing an alternative date.

Schick Testing.

Primary Schick testing is dispensed with as a rule in children under 10 years. Children over 10 years and those who have had diphtheria are Schick tested and then immunised, if necessary.

After the treatment is completed, post Schick testing may be arranged three months later on application.

General Practitioners.

Immunisation material is supplied free of charge to general practitioners for children resident in the city. Special request forms are issued for this purpose. Cards relating to these cases, when completed, are returned by the general practitioners.

Cases referred by general practitioners for Schick testing are dealt with by appointment at the City Hall as are also any special cases referred by them for immunisation.

There is no need to give here copies of the forms used in this work. We have set out to emulate such cities as Toronto, where no death from diphtheria occurred in 1934; this satisfactory result was due to the fact that practically all the children and infants in that city have been immunised. One could mention many cities and towns where admirable results have been obtained. In Hamilton, Ontario, population 160,000, diphtheria was endemic for eighteen years about 24 per cent. of those attacked died. Immunisation was begun in 1922; by 1927 it was found

that the diphtheria hospital was no longer required and so it was permanently closed. Success has followed this work wherever it has been adopted at home or abroad. We must press on with it in Belfast. Remember that some nine thousand births take place annually in Belfast, so that with these coming forward soon for attention, we must aim at immunising, say, twenty-seven thousand a year. If this is attained, then, in five years' time, we will reap our reward.

Dr. Warnock was appointed to do this work as a whole-time officer. From the very outset he has proved himself, as we fully expected, to be possessed of the tact and kindliness so necessary in doing this delicate work. Sincere thanks are also due to the Health Visitors, the School Teachers and the many by whose labours a pathway is being constructed whereon the little ones may pass on in safety to the destiny which lies before them.

HOUSING.

The number of houses systematically inspected during the year 1936 was 12,594, and of this number 345, or approximately 2.7 per cent. were found to be occupied by two or more families. 0.6 per cent. involving a total of 76 houses were found to be overcrowded. It has to be recorded again that in over 50 per cent. the over-crowding was confined to very poor people, i.e. those paying under 5/- per week rent. There are no figures available as to the extent of over-crowding due to the taking in of lodgers, but the percentage would be very small if the term "lodger" were defined as a single person paying a weekly sum for combined food and lodging; people, under such circumstances, being free agents, even though of the working classes, would not tolerate the conditions associated with over-crowding and the lack of privacy such conditions would impose.

The number of dwelling-houses erected in the city during the year ended 31st December, 1936, was 5,589. There are, at present, 106,601 houses in the city as compared with 80,093, the number of houses shown in the census returns of 1911. This is an increase of 33.1 per cent. during the past 25 years. This increase is a great improvement in the housing accommodation of the city. It is chiefly in the suburban districts that building operations have been extensive—hence the undeveloped parts of the suburbs are rapidly disappearing, being covered with new streets and practically all types of modern houses. Most of these houses have gardens, providing not only better housing amenities, but adding to the beauty of the outskirts of the city.

"A chain is no stronger than its weakest link," and, while we can appreciate the splendid building work and the fine houses which have been put up in the last few years, we must face the facts that our existing Housing Acts do not help us to tackle this question with the success that might otherwise be attained. For example, the Medical Superintendent Officer of Health, on the one hand, is encouraged by the Housing Acts to make Representations concerning unhealthy areas. What, however, is the good of all this, when the people who would be put out of the demolished area would have no place to go to? The Local Authority must provide in such cases, housing accommodation for people who are put out of their houses as a result of a large housing scheme. It stands to reason that the people who are thus removed should not be required to pay a rent to any great extent in excess of that which they have been paying. In other words, they are poor and cannot afford to pay such a rent. We, therefore, find ourselves faced with a vicious cycle and it is quite obvious that unless, and until, sympathetic action is taken, that matters must remain more or less at a deadlock in respect to the housing work which is essential in our city.

Belfast, comparatively speaking, is a modern city, and we do not have anything like the large areas of wretched housing I have seen elsewhere. We have, however, somewhere in the vicinity of 2,000 houses which should be demolished, and this we are hopeful to do by degrees. The position, however, is very unsatisfactory as I have stated above. The rents of the modern houses range from about 9/- weekly upwards, and in return for this there is offered a house containing

a kitchen, scullery, two bedrooms, a small boxroom and a bathroom. This is certainly an improvement on the older type of house. The modern house has not the accommodation necessary for a large family. We have, too, a parlour type of terrace house with enclosed yard, and back street. This house has two or three floors, and to a certain extent has some advantages over the modern type of two floors only. For example, there is greater accommodation and the rents are lower. Now many of the large houses having three or four floors are becoming, as it were a glut on the market. Such houses where situated in the better class districts are being converted into flats, fitted with modern appliances, and very suitable for one or two business girls who prefer having a place of their own to lodgings. Furthermore, they are suited to a married couple without a family, the rents varying from approximately £40 to £60 annually. In other cases where more centrally situated or where there is deterioration in environment the houses are let to several families without any special re-arrangement of the premises. Many of these are owned by persons who rent the premises, reside elsewhere, and let them to several families of the poorer class; they receive in some cases as much as 8/- weekly for a large room or two small rooms. We have in our midst some very poor people. These occupy a kitchen house, and they cannot take advantage of the modern house, as their earning capacity does not permit of it. In many cases the weekly rent paid by these people does not exceed 4/-. If, therefore, they have to remove into one of the modern houses, the rent payable would be double. It does not require much imagination to see that some of the money which is spent on rent has to be taken from money that might be spent on food and clothing.

We have many families in the city amongst the poorer classes which are large, therefore some consideration has to be given to the housing of this class. I have said before and repeat again that there is a great need for a large sized kitchen house, with a kitchen, scullery, enclosed yard and three bedrooms on the first floor; there should be a sink with water supply in the scullery and in the yard there should be a water closet and dust bin. The rent must be within the economic reach of the family income. The whole community would benefit, if this could be brought about. It would not only mean the salvation of the poorer families, but it would help the whole community.

Apart from looking at the question of the housing of our poorer brethren from a religious standpoint, surely it is a sound commercial and statesmanlike policy to see to it that the poorest in the community are housed satisfactorily, and in a manner suited to their capacity to pay.

We are hoping to destroy those 2,000 houses referred to, but the effort to build to suit the needs of the poorer people referred to requires something more than private enterprise. Tuberculosis is caused by bad housing, want of food, want of the proper food, and dirt.

The number of representations made under the Housing Acts during 1936 numbered 19. I again quote from Professor Curry in conclusion:—

“The recent official enquiry in Scotland showed that most tenants were keeping their houses clean and in good condition, and had obviously tried to raise themselves to the level of their improved surroundings. 12 per cent. were described as really bad tenants. The sub-letting of rooms in the provided houses, although forbidden by most Local Authorities, occurs and calls for repression.”

Maternity and Child Welfare.

It is gratifying to have to record that the Maternity and Child Welfare work is steadily extending. Looking back over the 8 years' period during which I have been Medical Superintendent Officer of Health, I realise that the ruling held by the Maternity Committee was, that if I could prove that there was a demand by the mothers for these centres, and that I could show a steadily increasing attendance, then the Committee would not be slow to multiply the number of Clinic Sessions, and, of course, the necessary staff. There can be no doubt whatever that a number of the Centres were well attended and the work has become so heavy that we

must divide up some centres and provide new Sessions. I do not propose in the present report to deal exhaustively with Maternity and Child Welfare, simply because at the present moment the Government have appointed a Committee to investigate the subject of Maternity Services in Northern Ireland. As soon, however, as the report of the Government Committee becomes available, and it is to be hoped this will be at an early date, it will in all probability be necessary to consider the re-arrangement of part of the work, more especially that which deals with Midwifery. My Report, therefore, for the reasons given will be confined this year to that vital branch that deals with Ante-Natal work as shown by tables throughout the Report.

The total number of live births registered during 1936 was 9,242. In some of these cases ante-natal examination and supervision were carried out privately by medical men, but it is not possible to give the number of such examinations. The following Table serves to show the extent of this work for the year 1936 in the Hospitals and Municipal Clinics :—

	No .of first examinations.	No. of subsequent visits.
Royal Maternity Hospital	1,824	6,673
The Ulster Hospital	217	742
Malone Place Home	217	565
Municipal Clinics	2,907	9,905
Total	5,165	17,885

The following Table shows the work in the Municipal Centres for the past five years :—

First Year	<i>New Cases</i>	<i>No. of Re-visits.</i>
1931	*147	161
1932	962	2,099
1933	1,917	5,350
1934	2,865	8,332
1935	2,728	8,902
1936	2,907	9,905

*—3 months commencing 1st October, 1931.

The number of cases referred to hospital from our Ante-natal Clinics during 1936 was 82.

Table of defects found in 2,068 Women examined during the year.

Abdomen (Pains)	41	Bronchitis	14
Acne Rosacea	3	Blind	1
Adenitis (Cervical)	5	Breech	9
Albuminuria	812	Bursitis	1
Anaemia	82	Cardiac Disease	31
Ante Partum Haemorrhage	2	Colitis	1
Asthma	4	Contracted Pelvis	6
Appendicitis	1	Cervicitis	2
Bad Obstetrical History	8	Catarrh	2
Blepharitis	6	Constipation	425
Cystitis	7	Headache	2
Death of Foetus	2	Helminthes	2
Dental Caries	175	Hyperpiesia	34
Debility	46	Hydramnios	7
Diarrhoea	2	Haemoptysis	1
Encephalitis Lethargica	1	Hyperemesis	27
Epilepsy	1	Hernia (Ventral)	2
Floating Kidney	1	Hip Joint Disease	2
Goitre	2	Ischio Rectal Abscess	2
Gastritis	1	Incontinence of Urine	2
Heartburn	18	Insomnia	21
Haemorrhoids	3	Indigestion	1

Laryngitis	2	Pharyngitis	1
Mammary Tumour	2	Pyelitis	3
Malpresentation	66	Rickets	4
Myxodema	1	Rheumatism	5
Miscarriage	4	Rheumatoid Arthritis	1
Mentally Deficient	2	Sciatica	1
Multiple Pregnancy	8	Stomatitis	2
Neuralgia	1	Tonsillitis	2
Oedema	2	Transverse Lie	1
Otitis Media	1	Threatened Miscarriage	7
Occipito-posterior Presentation	3	Tuberculosis (Pulmonary)	14
Pyorrhoea	12	Tubercular Hip	3
Paralysis	1	Varicose Veins	79
Petit Mal	1	Vaginal Discharge	16
Post Maturity	1	Not Pregnant	22
Pleurisy	3		

It is not enough to diagnose these cases at our ante-natal clinics, the question is what happened to them? One cannot possibly deal here with all of them. Take the 82 cases which were sent to hospital; then after hospital, take the results of the "following-up" at the homes of these women by our Health Visitors.

Here is the skeleton synopsis or summary :—

Results regarding 82 cases sent to Hospital from the Municipal Ante-Natal Centres.

1936.

No of cases sent to hospital	82
No. of cases advised to go to hospital, but refused	6

Analysis of results of 82 cases which received hospital treatment :—

(a) *Albuminuria*—31 cases.

- 18 had living children and made good recovery.
- 6 had stillbirths and made good recovery.
- 7 were induced before term and made good recovery.

(b) *Ante-partum Haemorrhage*—2 cases.

- 2 had stillbirths and made good recovery.

(c) *Rheumatism*—1 case.

- Had living child and made good recovery.

(d) *Malpresentation*—12 cases.

- 9 had normal confinements and made good recovery.
- 2 had stillbirths and made good recovery.
- 1 had difficult confinement and made good recovery.

(e) *Cardiac Disease*—6 cases.

- 5 had living children and made good recovery.
- 1 not yet confined.

(f) *Hyperpiesia*—9 cases.

- 8 had living children and made good recovery.
- 1 had stillbirth and made good recovery

(g) *Miscarriage*—3 cases.

- All made good recovery.

- (h) *Hydraminos*—2 cases.
1 had normal confinement and made good recovery.
1 not yet confined.
- (i) *Twin Pregnancy*—6 cases.
All had living children and made good recovery.
- (j) *Pleurisy*—1 case.
Had normal confinement and made good recovery.
- (k) *Anaemia*—3 cases.
All had normal confinements and made good recovery.
- (l) *Contracted Pelvis*—1 case.
Had caesarean section and made good recovery.
- (m) *Abdominal Pain*—2 cases.
1 had twins and made good recovery.
1 had prolonged labour and made good recovery.
- (n) *Vulvo-Vaginitis*—1 case.
Had living child and made good recovery.
- (o) *Death of Foetus*—1 case.
Had living child and made good recovery (child lived $\frac{1}{2}$ hour).
- (p) *Bronchitis*—1 case.
Had living child and made good recovery.

Analysis of results of 6 cases which refused to accept hospital treatment :—

- (a) *Albuminuria*—2 cases.
1 had living child and made good recovery.
1 had premature stillbirth.
- (b) *Anaemia*—1 case.
Had difficult confinement—child lived 2 hours.
- (c) *Cardiac Disease*—1 case.
Had living child and made good recovery.
- (d) *Hyperpiesia*—1 case.
Had ante-partum Haemorrhage—removed to hospital. Given
Blood Transfusion and made good recovery.
- (e) *Malpresentation*—1 case.
Had difficult confinement, baby lived 2 hours.

THE PUBLIC MILK SUPPLY.

The Committee on Nutrition has put the final touch to the case for pasteurisation. It is safe to say that there is hardly a Medical Officer of Health in the British Isles who does not believe in the necessity for the pasteurisation of all milk before sale and delivery to the public. I have stressed this question for several years in my reports, and it is necessary to bring the subject up to date here. The Public Health Department of the city of Glasgow has published a Review of the Milk Supply of Glasgow in relation to Pasteurisation. This report was prepared in view of the decision of the Corporation to seek powers to enable it to require milk sold in the city to be pasteurised. The report ends with a short summary of the main findings and a quotation from a report of the Committee on Cattle Diseases of the Economic Advisory Council. The upshot of the whole is that Glasgow adds its voice to the call for what is known as the Savage resolutions, namely, that large communities should have the power to insist on pasteurisation of milk

sold within their districts. The health of the people and the health of the dairy industry are bound up in the question of safe milk. We all wish people to "drink more milk." If they are to do so, we and they must be certain that the milk is safe. Bovine tuberculosis appears to be more frequent in Scotland than in England, and human tuberculosis of bovine causation certainly is. The latter is entirely due to drinking tubercle-infected milk and will therefore vary in incidence with that of tuberculosis in milch cows. Another danger, at present hardly more than a potential danger, is brucellosis. Infection of milk with *brucella abortus* varies greatly in different parts of the United Kingdom: it is absent from parts of South-West England, but is frequent in the Aberdeen area. Infection of milk by streptococci from mastitis in cows is another danger, and, perhaps greatest of all, is the risk of post udder infection from human carriers. Of late years, the inhabitants of the British Isles have suffered very severely from milk-borne infection. In pasteurisation we have the remedy for these ills, for all germs are killed thereby. The attitude of the British Government was made known in the House of Lords in April of the present year, during the hearing of the Poole Corporation Bill (in which the Corporation had inserted a clause giving the Corporation power to make bye-laws as to pasteurisation of milk). Lord Dawson of Penn pointed out that if pasteurisation was effectively applied, there was an overwhelming body of evidence which proved that it was the means of preventing the conveyance of infectious diseases. "I see no other way of dealing with this vital Milk question than by having a properly organised system of pasteurisation properly controlled. I cannot see what good can come of spending vast sums of money on the health services and leaving this bad sore open year after year. It is a waste of money to do it." Viscount Halifax (Lord Privy Seal) said he was authorised to say that it was the intention of the Government to bring forward long-term legislation dealing with milk policy generally in the near future. In this connection the Government would examine the question of pasteurisation in the light of all the evidence that was available with a view to deciding whether or not it would be in the public interest, with due regard to the interests of the milk industry, to include provisions with regard to it in their legislative proposals.

No doubt, we in Northern Ireland, will study the findings carefully when these appear in due course. Meanwhile, it cannot be reiterated too often that milk is an ideal medium for the conveyance and spread of tuberculosis and infectious disease, and until such time as pasteurisation of all milk is made compulsory, we must continue asking ourselves, in the words of Lord Dawson of Penn, "I cannot see what good can come of spending vast sums on the health services and leave this bad sore open year after year."

SMOKE—CANCER.

A glimpse at the table giving the number of deaths in the city from cancer will serve to show that there has been a definite increase in the number of deaths during the past year. There are certain things, which we cannot prove in public health. It is said, sometimes, that the police know the man who is guilty of a murder, but they just cannot produce that evidence which would pin down the case against him. There is a somewhat similar relationship between smoke and cancer. Whilst it is gratifying to learn from the 22nd Annual Report of the Department of Scientific and Industrial Research on Atmospheric Pollution that during the last twenty years the air of Great Britain has become definitely purer, one cannot help feeling that there is very little to congratulate ourselves about in this connection with reference to the atmosphere of the city of Belfast. Anyone who motors in, say, from Whiteabbey towards the city can see the mountains and the sea and proceed to rhapsodise. Unhappily, as one's eyes encounter the sky, there is nothing but pollution of the atmosphere to be discerned. The enthusiasts tell us that smoke means employment and employment means wages, but the hygienists know that employment and wages and also health would be better if we had a pure atmosphere. It can be so easily obtained. It is impossible to calculate the increase of human health and happiness that would result.

We cannot say how many—indeed whether any—of the deaths given in our table from cancer were due to a smoky atmosphere. We do know, however, that tars and mineral oils in the air cause cancer, whilst lack of sunshine and violet rays lead to anaemia and rickets.

A quickening of interest in public health is essential. May it be that the legislation asked for some years ago may yet be brought to bear so that we may get rid of the public nuisance known as smoke from the atmosphere.

In conclusion, I have to tender my hearty thanks to all who have helped me in my work, to all members of the staff, and to the Committees which have given their kind support during the year.

I have the honour to remain,

Your obedient servant,

CHARLES S. THOMSON,
Medical Superintendent Officer of Health.

TABLE I.

Shewing the number of deaths at various age periods, the percentage of the total number, and the death rates per 1,000 of the population.

	No. of Deaths	Percentage of total Deaths	Death Rate per 1,000 of the population
Under 1 year	933	15.0	2.1
1 year and under 5 years	258	4.2	0.6
5 years and under 25 years	388	6.2	0.9
25 years and under 45 years	674	10.9	1.5
45 years and under 65 years	1,575	25.4	3.6
65 years and upwards	2,379	38.3	5.5
Total	6,207		

TABLE II.

Shewing the number of deaths from various causes, together with the percentage of the total number registered and the death rate per 1,000 of the population.

Cause of Death.	No. of Deaths	Percentage of total Deaths	Death Rate per 1,000 of the population
Typhoid Fever	1	0.02	0.002
Typhus Fever	—	—	—
Smallpox	—	—	—
Measles	7	0.11	0.02
Scarlet Fever	13	0.21	0.03
Whooping Cough	64	1.03	0.15
Diphtheria	38	0.61	0.09
Dysentery	—	—	—
Influenza	46	0.74	0.10
Diarrhoea—			
Under 2 years of age	229	3.69	0.53
Tuberculous Diseases—			
Tuberculosis of Respiratory System	406	6.54	0.93
Other forms of Tuberculosis	94	1.51	0.22
Total Tuberculous Diseases	500	8.05	1.15
Diseases of the Respiratory System—(Tuberculosis excepted)			
Pneumonia	450	7.25	1.03
Other	373	6.01	0.86
Total Chest Affections	1,229	19.80	2.82
Cancer and Malignant Tumours	585	9.42	1.34
Violence or Accidents	200	3.22	0.46

TABLE III.

Shewing the annual death rate per 1,000 of the population from all causes during the twenty years 1917/1936 ; also the average rate for quinquennial periods.

Year.		Rate.		Year.		Rate.
1917	.....	16.7	17.8	1927	.....	13.6
1918	.....	22.7		1928	.....	14.0
1919	.....	17.9		1929	.....	15.6
1920	.....	17.5		1930	.....	12.9
1921	.....	14.4		1931	.....	14.1
1922	.....	14.8	14.5	1932	.....	13.9
1923	.....	13.8		1933	.....	15.2
1924	.....	14.3		1934	.....	13.7
1925	.....	14.0		1935	.....	13.4
1926	.....	15.4		1936	.....	14.2

TABLE IV.

Shewing the number of Births registered in each of the several Dispensary Districts, also the number of deaths of Infants under 1 year old.

DISTRICT			BIRTHS.				DEATHS
			1st Quarter 110	2nd Quarter 89	3rd Quarter 79	4th Quarter 97	Under 1 Year 38
No	1	.....				
„	2	.....	243	253	247	239	120
„	3	.....	243	244	241	231	102
„	4	.....	202	243	202	222	94
„	5	.....	88	108	85	81	58
„	6	.....	123	135	105	103	37
„	7	.....	19	34	36	46	8
„	8	.....	53	81	75	89	21
„	9	.....	242	208	212	211	100
„	10	.....	224	241	276	270	101
„	11	.....	193	216	187	207	78
„	12	.....	158	146	132	135	44
„	13	.....	141	155	143	129	38
„	14	.....	.....	.....	1	—	—
„	15	.....	145	151	136	139	69
„	16	.....	137	133	123	94	39

The Births and Deaths as shewn in Table No. 4 are obtained by summarising Registrar's Weekly Returns.

TABLE V.

Shewing the Population, the number of Births, the Birth Rate per 1,000, the number of Deaths the Death Rate per 1,000, and the natural increase during the fifty-six years 1881-1936.

Year	Population	No. of Births	Birth Rate per 1,000	No. of Deaths	Death Rate per 1,000	Natural Increase
1881	207,671	6,942	33.4	4,911	23.6	2,031
1882	207,671	6,820	32.8	5,365	25.8	1,455
1883	214,022	6,694	31.3	5,600	26.2	1,094
1884	216,622	7,231	33.4	5,073	23.4	2,158
1885	219,222	7,161	32.7	6,127	27.9	1,034
1886	221,822	7,344	33.1	5,256	23.7	2,088
1887	224,422	7,502	33.5	5,807	25.9	1,695
1888	227,022	7,719	34.0	5,742	25.3	1,977
1889	229,622	7,705	33.6	5,921	25.8	1,784
1890	232,222	8,250	35.5	6,861	29.5	1,389
1891	255,922	8,650	33.8	6,537	25.5	2,113
1892	216,046	8,592	32.9	6,910	26.5	2,166
1893	275,000	9,399	34.2	6,848	24.9	2,551
1894	285,000	9,349	32.8	6,615	23.2	2,734
1895	295,000	9,772	33.1	7,168	24.3	2,604
1896	300,000	10,378	34.5	6,953	23.2	3,425
1897	310,000	10,481	33.3	7,225	23.3	3,256
1898	340,000	11,234	33.0	7,768	22.8	3,466
1899	350,000	11,437	32.7	7,933	22.7	3,504
1900	359,000	11,192	31.2	7,642	21.3	3,550
1901	350,862	10,859	30.9	7,738	22.4	3,121
1902	360,000	11,113	30.5	7,577	20.8	3,536
1903	360,000	11,488	32.0	7,169	20.0	4,319
1904	360,000	11,323	31.6	7,474	20.8	3,849
1905	360,000	11,395	31.8	7,178	20.0	4,217
1906	366,220	11,355	31.0	7,379	20.1	3,976
1907	370,163	11,233	30.3	7,870	21.3	3,353
1908	380,344	11,490	29.7	7,523	19.5	3,967
1909	386,576	10,900	28.2	7,028	18.2	3,872
1910	391,167	10,888	27.8	7,284	18.6	3,604
1911	386,449	10,984	28.4	6,645	17.2	4,339
1912	391,974	10,884	27.8	7,111	18.1	3,733
1913	396,000	10,996	27.8	7,453	18.8	3,543
1914	399,000	11,337	28.0	7,663	18.9	3,674
1915	403,000	10,196	25.3	7,220	17.9	2,976
1916	390,000	9,415	24.1	6,496	16.7	2,919
1917	393,000	8,718	22.2	6,557	16.7	2,161
1918	393,000	9,282	23.6	8,920	22.7	362
1919	401,000	10,464	25.7	7,278	17.9	3,186
1920	413,000	12,144	29.4	7,234	17.5	4,910
1921	420,000	11,043	26.3	6,045	14.4	4,998
1922	425,000	10,667	25.1	6,304	14.8	4,363
1923	429,000	10,746	25.0	5,910	13.8	4,836
1924	434,000	10,594	23.9	6,329	14.3	4,265
1925	438,000	10,234	23.4	6,131	14.0	4,103
1926	416,000	10,356	24.9	6,411	15.4	3,945
1927	416,000	9,509	22.9	5,653	13.6	3,856
1928	415,151	9,356	22.5	5,804	14.0	3,552
1929	415,151	8,899	21.4	6,462	15.6	2,437
1930	415,151	9,558	22.7	5,451	12.9	4,107
1931	415,151	9,470	22.8	5,857	14.1	3,613
1932	415,151	8,882	21.4	5,783	13.9	3,099
1933	415,151	8,599	20.7	6,318	15.2	2,281
1934	415,151	9,086	21.9	5,676	13.7	3,410
1935	415,151	8,848	21.3	6,238	15.0	2,610
1936	436,000	9,242	21.2	6,207	14.2	3,035

TABLE VI.
Comparative Table of Births and Deaths in each of the 52 weeks ended 26th December.

BELFAST	Week Ending																																																				
	Jan. 4	Jan. 11	Jan. 18	Jan. 25	Feb. 1	Feb. 8	Feb. 15	Feb. 22	Feb. 29	Mar. 7	Mar. 14	Mar. 21	Mar. 28	Apl. 4	Apl. 11	Apl. 18	Apl. 25	May 2	May 9	May 16	May 23	May 30	June 6	June 13	June 20	June 27	July 4	July 11	July 18	July 25	Aug. 1	Aug. 8	Aug. 15	Aug. 22	Aug. 29	Sept. 5	Sept. 12	Sept. 19	Sept. 26	Oct. 3	Oct. 10	Oct. 17	Oct. 24	Oct. 31	Nov. 7	Nov. 14	Nov. 21	Nov. 28	Dec. 5	Dec. 12	Dec. 19	Dec. 26	
Number of weeks in Annual Series	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	
Births Registered	220	196	161	161	182	191	156	165	213	165	167	195	149	168	140	219	186	201	206	180	198	182	195	208	162	192	208	191	152	184	154	172	186	164	170	177	179	180	173	176	172	161	157	158	157	166	171	175	166	164	161	129	
Number of Deaths	136	146	147	165	147	163	158	168	143	174	150	140	121	133	107	127	127	129	117	105	109	99	109	116	110	111	78	86	89	80	82	99	78	100	98	77	95	86	100	97	117	115	123	101	101	112	115	140	126	107	135	111	
Annual Death-rate per 1,000	17.1	18.3	18.5	20.7	18.5	19.2	19.8	20.8	18.0	21.9	18.8	17.5	15.2	15.7	13.4	16.0	16.0	16.2	14.7	12.2	13.7	12.4	13.7	14.3	14.9	13.9	9.8	10.8	11.2	10.0	10.3	12.4	9.8	12.6	12.3	9.7	11.9	10.8	12.6	12.2	14.7	14.4	15.4	12.7	12.7	14.1	14.4	17.6	15.8	13.4	17.0	13.9	
Under 1 year	11	10	17	15	12	18	21	33	28	37	30	28	21	23	17	22	25	23	9	12	22	8	15	27	14	17	24	10	11	13	9	12	18	12	17	21	11	21	15	19	24	23	16	11	15	18	9	17	11	12	26	19	
1-5 years	4	7	7	9	9	5	10	14	5	7	8	12	5	8	4	4	4	2	4	5	2	4	3	4	7	3	3	3	2	2	4	4	3	5	4	5	4	3	6	3	6	4	6	2	3	3	5	2	6	1	6	3	
5-25 ..	10	12	14	5	7	8	10	7	5	8	2	7	6	9	5	3	4	9	10	8	7	13	7	3	10	9	6	7	7	3	7	2	5	9	6	2	9	7	5	6	5	9	7	5	7	9	6	8	11	10	6	7	
25-45 ..	11	13	18	18	20	17	20	13	11	18	15	17	13	10	8	9	18	15	13	16	13	12	14	13	12	12	8	9	12	12	10	12	13	2	15	5	9	9	12	13	16	9	17	12	7	10	16	17	12	9	13	10	
45-65 ..	42	48	36	50	45	36	35	32	41	36	35	28	31	28	29	36	39	35	34	24	22	32	26	24	24	34	15	22	25	20	23	26	12	25	19	18	24	18	19	23	24	24	32	34	25	35	33	42	36	34	29	25	
65 and upwards	58	54	55	68	54	69	52	57	51	68	60	48	45	55	46	53	37	44	47	40	43	30	44	45	52	36	22	35	32	30	29	43	27	37	37	25	38	28	43	33	42	46	45	37	43	37	46	51	50	41	55	47	
Deaths from :-																																																					
Enteric Fever																																																					
Typhus Fever																																																					
Small-pox																																																					
Measles																																																					
Scarlet Fever																																																					
Whooping-cough																																																					
Diphtheria																																																					
Dysentery																																																					
Influenza																																																					
Pulmonary	13	7	11	15	12	12	11	10	9	8	9	5	8	6	8	2	7	11	9	10	6	7	14	10	10	9	9	4	5	6	6	7	9	9	5	4	5	2	8	5	9	6	7	7	8	7	11	13	4	6	7	5	
Other Forms	2	1	1	2	2	3	3	1	1	2	1	1		3	1		3	2	1	1	1		1		5	2	1	3	2	1	1	1	2	5	2		2	1	1	2	1			1	4	4	3		2	1			
Cancer	8	6	14	11	10	7	21	11	11	11	8	11	12	12	12	8	7	12	6	12	12	11	10	11	16	8	6	10	14	4	5	8	7	12	10	8	11	8	13	9	10	13	9	10	7	10	13	16	16	8	10	11	
Diseases of Respiratory System	9	13	16	15	7	15	22	19	9	14	18	22	12	9	6	5	9	12	8	10	9	7	2	10	9	6	5	5	5	4	2	3	1	4	6	9	4	5	7	4	5	11	8	10	5	10	10	9	14	8	13	15	
Other	18	23	19	19	24	22	11	22	12	18	16	8	11	9	11	14	10	4	11	4	7	4	4	7	7	5	1	6	2	6	5		1	6	4	2	5	2	3	7	12	6	4	5	5	6	8	14	13	11	12	9	
Diarrhoea and Enteritis under 2 years																																																					
Violent Deaths	2	5	8	4	2	3	2	5	5	5	4	4	3	4	1	1	1		2		1	6	4	2	6	5	4	4	2		4	4	1	5	1	5	9	9	12	10	10	12	9	2	5	3	5	5		2		1	1
Number of Uncertified Deaths	5	4	2	4	3	1	4	5	3	4	6	2	4	3	3	2	2	2	1		3	1	2	1	2	2	1	1	2	2	2	5	3		2	2	2	2	4	3		12	2	7	5	6	3	6	7	4	3		

The Figures in this Table are only partially corrected for Residence.

[illegible]

TABLE VIII.

Shewing the Number of Deaths registered as having been caused by Phthisis and Diseases of the Respiratory Organs during the twenty-one years, 1916/1936 :—

Year	Population	Phthisis	Rate per 1,000	Diseases of the Respiratory System			Total Chest Affections
				Pneumonia	Others	Total	
1916	390,000	830	2.1	506	670	1,176	2,006
1917	393,000	932	2.4	614	825	1,439	2,371
1918	393,000	1,051	2.7	1,412	1,608	3,020	4,071
1919	401,000	853	2.1	712	1,104	1,816	2,669
1920	413,000	762	1.8	800	766	1,566	2,328
1921	420,000	677	1.6	511	520	1,031	1,708
1922	425,000	624	1.5	594	648	1,242	1,866
1923	429,000	571	1.3	564	573	1,137	1,708
1924	434,000	605	1.4	623	720	1,343	1,948
1925	438,000	575	1.3	517	646	1,163	1,738
1926	416,000	570	1.4	516	630	1,146	1,716
1927	416,000	515	1.2	479	526	1,005	1,520
1928	415,151	499	1.2	521	542	1,063	1,562
1929	415,151	485	1.2	680	761	1,441	1,926
1930	415,151	436	1.0	357	482	839	1,275
1931	415,151	452	1.1	518	479	997	1,449
1932	415,151	448	1.1	539	461	1,000	1,448
1933	415,151	429	1.0	583	605	1,188	1,617
1934	415,151	398	0.96	434	421	855	1,253
1935	415,151	389	0.93	597	445	1,042	1,431
1936	436,000	406	0.93	450	373	823	1,229

GENERAL PROVISIONS OF HEALTH SERVICES FOR THE AREA.

Hospitals Provided or Subsidised by the Sanitary Authority or by The County Council.

Purdysburn Fever Hospital.

Purdysburn Fever Hospital was opened for the reception of persons suffering from infectious diseases, in August, 1906, with accommodation for 168 patients.

The Hospital is built on the pavilion system, separate blocks being provided for each of the notifiable infectious diseases, with separate administration block, nurses' home, etc., and a suitable isolation block.

The accommodation soon proved insufficient, and in the year 1911 the Public Health Committee decided to increase the accommodation by two additional two-storey buildings and by enlarging the diphtheria block. This extension provided accommodation for 100 beds, bringing the total up to 268 beds. Even with the additional accommodation thus provided, the hospital on several occasions especially during the recurring epidemics of scarlet fever, proved to be far short of the city's requirements, and in the years 1922 and 1923 the Corporation authorised the enlargement of Nos. 3 and 4 pavilions respectively, together with the provision of additional accommodation for the staff and a new laboratory. These extensions brought the accommodation up to 325 beds.

There is a Smallpox Hospital situated in the same grounds but completely isolated in its own compound. It is self-contained having accommodation for 50 patients in four pavilions with separate administration block and nurses' home and an isolation pavilion. Further extension to Purdysburn Fever Hospital is now under consideration.

Belfast Infirmary Fever Hospital.

The accommodation for patients in the Union Fever Hospital is 450 beds.

The Hospital is under the control of the Belfast Board of Guardians.

The principal hospitals available for the area which do not come within the scope of "grant" are as follows. All these are honoured and esteemed by all men who realise the admirable work carried out from year to year therein:

Belfast Hospital for Sick Children.
 Belfast Ophthalmic Hospital.
 Belfast and Ulster Hospital for Diseases of the Skin.
 Benn Ulster Eye, Ear and Throat Hospital.
 Forster Green Hospital.
 Mater Infirmorum Hospital.
 Municipal Hospital, Graymount.
 Nervous Disease Hospital.
 Our Lady's Hospital.
 Royal Maternity Hospital.
 Royal Victoria Hospital.
 Samaritan Hospital for Women
 Throne Hospital.
 Ulster Hospital for Women and Children.
 U. V. F. Hospital.

Tuberculosis.

While the Reports on Graymount and Whiteabbey Sanatoria, by my colleagues Mr. H. P. Malcolm and Dr. Walker, will be found in the body of this Report, the following particulars will be of interest :—

		Municipal Sanatorium, Whiteabbey.	Municipal Hospital for Tuberculous Children, Graymount, and Open-air Day School.
Extent	.....	33 acres.	15 acres and 2 roods.
No. of Beds	.....	285 (all forms).	58 (non-pulmonary). 120 Places for delicate contacts at the Open Air Day School
No. of Teachers	.....	Two	Five,
Hours of School	.....	9-15 a.m.—3-15 p.m.	9-30 a.m.—2-30 p.m. Winter. 9-30 a.m.—3-30 p.m. Summer.) (including rest hour and dinner.
Accommodation for Nurses	.....	16 bedrooms & 3 sitting rooms	1 bed-sitting room. 2 sitting rooms. 7 bedrooms.
Visiting Days	.....	Wednesdays and Sundays 2 till 4 p.m.	Wednesdays and Sundays, 2 till 4 p.m.

MATERNITY.

Royal Maternity Hospital, Grosvenor Road.

The Royal Maternity Hospital, erected in the grounds of the Royal Victoria Hospital, was officially opened on the 21st October, 1933. It takes the place of the Incorporated Maternity Hospital, Townsend Street, which had become too small to meet the increasing demands upon its accommodation.

The accommodation of the Royal Maternity Hospital consists of 100 beds, Nurseries, ante-natal out-patient clinics, ante-natal ward, isolation ward, mothers' instruction room, work room, rest room, class room, study room and a laboratory are also provided.

A grant of £1,000 per annum is given by the Belfast Corporation to the Royal Maternity Hospital, subject to the services being given to the satisfaction of the Medical Superintendent Officer of Health and to the Maternity and Child Welfare Committee having representation on the Governing Committee.

**ANTE NATAL REPORT OF THE ROYAL MATERNITY HOSPITAL,
FOR THE YEAR ENDED 31st DECEMBER, 1936.**

Total number of new patients	.....	.....	.....	.....	.....	1,896
do. re-attendances	.....	.....	.....	.....	.....	6,633
						—
Total examinations	.....	.....	.....	.....	.....	8,529
						—
The Ante-Natal Patients admitted to the Hospital were as follows :—						
For confinement	.....	.....	.....	.....	.....	892
treatment and confinement	.....	.....	.....	.....	.....	237
treatment	.....	.....	.....	.....	.....	448
operations	.....	.....	.....	.....	.....	114
						—
						1,691
Non Ante-natal patients admitted to Hospital	.....	.....	.....	.....	.....	329
						—
Total admissions during year	.....	.....	.....	.....	.....	2,020
						—
Ante-Natal patients confined in District	.....	.....	.....	.....	.....	266
Non Ante-Natal patients do.	.....	.....	.....	.....	.....	312
						—
						578
						—

Thorndale Home (The Salvation Army).

This home which receives a grant of £300 per annum from the Corporation is situated in its own grounds, Duncairn Avenue. The site is somewhat unique the institution being relatively isolated on rising ground, thus receiving the maximum of sunshine and air perflation. The assistance of the lady in charge, Brigadier Walton, was sought in the preparation of these notes.

Reports on the various Sections of work carried on at above home during 1936.

There are the following Departments :—

- (1) A Maternity Home for the unmarried mother.
- (2) Wards for Private patients.
- (3) An Industrial Home for young girls.
- (4) An After-care Home.

Maternity Home. There is accommodation for 23 expectant unmarried mothers, and the following is a brief review of the work done during 1936 in this department.

- 32 Unmarried Mothers admitted.
- 22 Confinements took place.
- 11 Girls sent to situations.
- 27 Girls sent home.
- 11 Babies sent to "Nurse Mothers."
- 2 Babies died.
- 12 Girls in Home end of year.
- 12 Babies in Home end of year.

The majority of the patients were kept in the home from four to six months after the birth of child so that the little one might be breast fed and by that means give it a fair chance at the beginning of its life.

Private Patients' Department.—46 confinements took place in connection with this department. Some of the patients were unable to come into the Home for domestic reasons and were attended on the District. Attached also to this department are the Ante-Natal and Baby Clinics for the weighing of the little ones and the giving of advice generally to mothers.

Aftercare Home.—The secret of success is keeping in touch with the girls after they have left the Home. At this department the girls can return when they have their free time for a holiday, they may bring their little ones from the "Nurse Mothers" and remain until it is time for them to return to their situations. An Officer is set apart for this work and arranges to have Tea Table talks with them.

Shelter for Poor and Stranded Women.—Here there is accommodation for 30 Women. Temporary help is given and situations found, and also many free beds and meals are provided.

The Belfast Midnight Mission and Rescue and Maternity Home.

This Home was founded in 1860 and is situated at No. 31 Malone Place. This institution is carrying out work of a high order, and receives a grant of £300 per annum from the Corporation. 140 women were admitted to the Rescue Ward during the year and received one or more night's lodging and food—some indeed, remained in residence for several weeks.

During the year there were 131 confinements, 2 babies were still-born; 3 infants died. 70 women were attended on the district by the nurses. 217 expectant mothers were seen at the ante-natal clinic by Dr. Robb, with 565 attendances.

Infants born in the home are kept in the institution until such time as arrangements can be made for a foster mother, where such is desired. The accommodation is made up of 27 beds for unmarried mothers placed in five wards; in one of the wards there are 14 beds, in another 7 beds. 3 beds for private patients are provided in two rooms.

The ante-natal department consists of one examination room and two waiting rooms.

A fee of two-guineas per week is charged for private patients.

The staff consists of the matron and three nurses holding the C.M.B. Certificate. There are also five probationers.

The Ulster Hospital, Templemore Avenue.

This excellent Hospital receives an annual grant of £300 from the Corporation. During 1936 there were 823 admissions to the Children's department, while 8894 new cases were treated as out-patients. 286 women were admitted and 2,125 were treated at the out-patient department. The new cases in the Maternity department numbered 99. 1,937 operations were performed. For Maternity cases, there are two beds in one ward and there are ten beds for women in another ward. For children the accommodation consists of 54 cots in two wards. There are also two balconies, one isolation ward and a sun parlour.

The Ante-Natal cases treated in this hospital during the year were as follows :

New cases in Out-patient Department	.....	217
Return cases in Out-patient Department	.....	742
Cases admitted to Hospital	.....	21

Out of the 823 intern admissions to the Children's Department, 51 died, giving a death rate of only 6.2 per cent.

The resident staff consists of :—

- 2 House Surgeons.
- 1 Matron.
- 5 Sisters.
- 3 Staff Nurses.
- 20 Probationers.
- 1 Masseuse (part-time).

MIDWIVES AND NURSING HOMES ACT (NORTHERN IRELAND), 1929.

Registration and Inspection of Nursing Homes.

Under the above Act it is necessary for any person who carries on a Nursing Home to be registered with the local Authority of the district in which the Nursing Home is situated.

The Act requires that application for registration shall be made to the local authority in writing in the form prescribed by the Ministry of Home Affairs, and shall be accompanied by a fee of five shillings.

During the year there were 51 Nursing Homes on the Register for the City, of these 4 were registered during 1936, and 4 registrations were cancelled, leaving 47 on the register at the close of the year.

The Nursing Homes were inspected periodically, 305 visits being made during the year, and on each inspection the equipment, staffing, keeping of registers, etc., were found to be in conformity with the Act and Regulations.

134 deaths occurred in Nursing Homes, of these 36 were deaths of Children born in the Homes.

AMBULANCE FACILITIES.(a) **For Infectious Cases.**(b) **For Non-Infectious and Accident Cases.**(a) **Infectious Cases.**

Three ambulances, the property of the Belfast Corporation and garaged at Purdysburn Fever Hospital, are available for the conveyance of Infectious Disease cases to this Hospital.

Three ambulances, the property of the Belfast Board of Guardians and garaged at Belfast Infirmary are available for the conveyance of all stretcher cases to that institution. These cases include the minor Infectious Diseases, such as Measles, Whooping Cough, etc.

All the above ambulances are disinfected on return after each journey.

(b) **Non-Infectious Cases.**

Four ambulances, the property of the Belfast Corporation and stationed at the Central and Branch Fire Brigade Stations, are available for the removal of non-infectious cases to Hospitals and Nursing Homes. Each case (except accident cases) must be so certified by a medical practitioner. There is a fee of 1/- per mile return journey, charged to the person requisitioning the Ambulance. These Ambulances are free of charge and at the immediate call of any person in the case of Accidents.

CLINICS AND TREATMENT CENTRES.**Child Welfare Centres**

DAY	CENTRE.	TIME.	MEDICAL OFFICER.
Monday	..... Danube Street	..... 2—5 p.m.	..... Dr. Darling.
	..... Donegall Road	..... 2—5 p.m.	..... Dr. McElroy
	..... York Street	..... 2—5 p.m.	..... Dr. Watson.
Tuesday	..... Dee Street	..... 2—5 p.m.	..... Dr. Cathcart.
	..... Falls Road	..... 2—5 p.m.	..... Dr. Watson.
	..... Charlotte Street	..... 2—5 p.m.	..... Dr. McNeill.
Wednesday	..... York Street	..... 2—5 p.m.	..... Dr. Watson.
	..... Ligoniel	..... 2—5 p.m.	..... Dr. Cathcart.
	..... Woodstock Road	..... 2—5 p.m.	..... Dr. McElroy
Thursday	..... Spiers Place	..... 2—5 p.m.	..... Dr. Darling.
	..... Dee Street	..... 2—5 p.m.	..... Dr. Cathcart.
	..... Hillview Street	..... 2—5 p.m.	..... Dr. McElroy
	..... Mervue Street	..... 2—5 p.m.	..... Dr. Watson.
Friday	..... Divis Street	..... 2—5 p.m.	..... Dr. McElroy
	..... Spiers Place	..... 2—5 p.m.	..... Dr. Watson.
	..... Sydenham	..... 2—5 p.m.	..... Dr. Cathcart.

Ante-Natal Clinics.

DAY.	CENTRE.	TIME.	MEDICAL OFFICER.
Monday	..... Spiers Place	..... 9.30 a.m. till 12.30 p.m.	..... Dr. Price & Dr. Mercer
	..... St. Clement's Hall		
	..... Castlereagh St.	..... 2 p.m. till 5 p.m.	..... Dr. Price
Tuesday	..... Dee Street	..... 9.30 a.m. till 12.30 p.m.	..... do.
	..... Mervue Street	..... 2 p.m. till 5 p.m.	..... do.
Wednesday	..... York Street	..... 9.30 a.m. till 12.30 p.m.	..... do.
	..... Spiers Place	..... 2 p.m. till 5 p.m.	..... Dr. Price & Dr. Mercer
Thursday	..... Hillview Street	..... 9.30 a.m. till 12.30 p.m.	..... Dr. Price & Dr. Mercer
	..... Falls Road	..... 2 p.m. till 5 p.m.	..... Dr. Price
Friday	..... Divis Street	..... 9.30 a.m. till 12.30 p.m.	..... do.
	..... Donegall Road	..... 2 p.m. till 5 p.m.	..... Dr. Price & Dr. Mercer
Wednesdays and	Belfast Maternity Hospital	9-30 a.m till 12 noon	
Saturdays	..... Townsend Street	do.	
Do.	Ulster Hospital	do.	
	Templemore Avenue.		

Tuberculosis Clinics.

Central Tuberculosis Institute, Durham Street	.....	Daily 9-30 a.m. till 5 p.m.
Tuberculosis Institute, 225 Albertbridge Road	.....	Daily 9-30 a.m. till 5 p.m.

SCHOOL CLINICS.

Central Clinic, Old Town Hall, Victoria Street.

ACCOMMODATION.	SESSIONS.
Minor Ailments Clinic.	Tuesdays and Thursdays at 3 p.m. Saturdays at 9-30 a.m.
Eye, Ear, Nose and Throat Clinics.	Mondays, Tuesdays, Wednesdays, and Thursdays at 10 a.m. Alternate Tuesdays and Thursdays—Operations.
Tonsils and Adenoids Operation Clinic.	Every alternate Tuesday and Thursday.
Dental Clinics.	Daily (except Saturdays), 9-30 a.m.
Artificial Light Clinic.	Tuesdays and Fridays, 9-30 a.m.
Head Cleansing Clinic.	Daily Mondays to Fridays, 2—5 p.m. and Saturdays at 9-30 a.m.
Special Case Clinic.	Cases seen by appointment.

North-West Clinic, 4 Crumlin Road.

Minor Ailments Clinic.	Tuesdays and Thursdays, 3 p.m. Saturdays, 10 a.m.
Eye Clinic.	Tuesdays, 2 p.m.
Nose and Throat Clinic.	Mondays, 2 p.m.
Dental Clinic.	Daily (except Thursdays and Saturdays), 9-30 a.m.
Artificial Light Clinic.	Wednesdays, 3-30 p.m., Saturdays, 9-30 a.m.
Head Cleansing.	Daily (except Mondays), 9-30 a.m.
Special Case Clinic.	Cases seen by appointment.

Ballymacarrett Clinic, 28 The Mount.

Minor Ailments Clinic.	Tuesdays and Thursdays, 3 p.m., Saturdays, 10 a.m.
Eye Clinic.	Tuesdays, 9-30 a.m.
Nose and Throat Clinic.	Mondays, 9-30 a.m.
Dental Clinic.	Daily (except Tuesdays and Saturdays)
Head Cleansing Clinic.	Daily, at 9-30 a.m. (except Saturdays).
Special Case Clinic.	Cases seen by appointment.

Venereal Diseases Clinics.

Royal Victoria Hospital, Grosvenor Road.	Daily, 9 a.m.—11 a.m. (Sundays excepted). Mondays till Saturdays, 6-15—6-45 p.m.
Mater Infirmorum Hospital, Crumlin Road.	Tuesdays & Saturdays, 9-30 a.m.—11-30 a.m. Thursdays, 8 p.m.—10 p.m.
Union Infirmary, Lisburn Road.	Daily, from 11 a.m., for admissions.

STAFF.

Medical Superintendent Officer of Health and Port Medical Officer :
CHARLES SAMSON THOMSON, M.D., M.R.C.P., D.P.H., B.Hy., F.R.S.I.,
 Etc. (Lecturer in Practical Public Health Administration and Intern Examiner,
 Queen's University, Belfast).

**Assistant Medical Superintendent Officer of Health and Executive Sanitary Officer
 and Assistant Port Medical Officer.**
SAMUEL BARRON, M.R.C.P., D.P.H.

Chief Tuberculosis Officer :
ANDREW TRIMBLE, M.B., B.Ch., D.P.H., J.P.

Chief School Medical Officer :
THOMAS F. S. FULTON, M.B., B.Ch., D.P.H.

Medical Superintendent, Puraysburn Fever Hospital :
A. GARDNER ROBB, M.B., B.Ch., D.P.H.

Resident Medical Superintendent, Municipal Sanatorium, Whiteabbey :
PERCY S. WALKER, M.D., B.Ch., D.P.H.

Visiting Surgeon, Municipal Hospital for Tuberculous Children, Graymount :
HENRY P. MALCOLM, M.C., M.B., M.Ch.

City Bacteriologist :
GEORGE F. TINSDALE, M.B., B.Ch., B.Sc.

Maternity and Child Welfare Medical Officers :
M. G. PRICE, M.B., B.Ch., B.A.O., D.P.H.
OLIVE M. DARLING, M.B., B.Ch., D.P.H. (part-time).
ANNA WATSON, M.B., B.Ch., B.A.O., D.P.H. do.
K. M. CATHCART, M.B., B.Ch., B.A.O., D.P.H. do.
E. MERCER, M.B., B.Ch., B.A.O., D.P.H. do.
L. McELROY, M.B., B.Ch., B.A.O., do.

Veterinary Inspector, Diseases of Animals Acts :
J. EWING JOHNSTON, M.B.E., M.R.C.V.S. (part-time).

City Veterinarian and Veterinary Inspector of Dairies and Cowsheds :
ALEXANDER McLEAN, M.R.C.V.S., D.V.H.

Public Analyst :
J. HAROLD TOTTON, B.A., B.Sc., F.I.C.

Assistant Tuberculosis Medical Officers :
J. SHAW, M.B., B.Ch., B.A.O., D.P.H.
H. McMASTER, L.R.C.P. Ed., B.A.O., D.P.H.
E. P. DEWAR, L.R.C.P. Ed.
A. E. LAVELLE, M.B., B.Ch., B.A.O.
A. McQUISTON, M.B., B.Ch., B.A.O., D.P.H.

Assistant School Medical Officers :

A. D CAMPBELL, M.B., D.P.H. (Temporary).
 F. J. DEMPSEY, B.A., L.L.B., M.B., D.P.H.
 EILEEN H. DOWSE, M.B., D.P.H.
 ANNA WATSON, M.B., D.P.H. (Part-time).

Resident Medical Officers :

F. F. KANE, M.D., M.R.C.P.I., D.P.H., Purdysburn Fever Hospital.
 J. R. S. INNES, M.B., B.Ch., Purdysburn Fever Hospital.

Resident Medical Superintendents :

D. K. WATTERSON, M.D., B.Ch., D.P.H., Whiteabbey Sanatorium.
 PHOEBE STANTON BURNS, M.B., B.Ch., B.A.O., Whiteabbey Sanatorium.

Visiting Medical Officer, Whiteabbey Sanatorium

J. C. RANKIN, M.D., B.Ch.

Ophthalmic Specialists, etc. :

T. W. G. HOGG, M.B., B.Ch. (part-time), School Medical Services.
(Ophthalmic and Aurist Specialist).
 I. A. DAVISON, B.A., M.D., D.P.H. (part-time), School Medical Services.
(Ophthalmic and Aurist Specialist).

Dentists :

C. H. MATTHEWS, L.D.S.	(part-time)	School Medical Services.
A. S. IRVING, L.D.S.	do.	do.
T. J. GILMORE, L.D.S.	do.	do.
V. G. RATTIE, L.D.S.	do.	do.
O. BLACK, L.D.S.	do.	Tuberculosis Dept.

HEALTH VISITORS AND NURSES.**Maternity and Child Welfare :**

2 Superintendents of Midwives.
 19 Health Visitors.

Purdysburn Fever Hospital :

Matron—Miss A. C. CAMERON.
 Asst. Matron—Miss A. McQUEEN
 Home & Housekeeping Sister—Miss M. H. MAXWELL
 11 Ward Sisters.
 69 Nurses.

Whiteabbey Sanatorium :

Matron—Miss E. WOODS, S.R.N.
 5 Sisters.
 6 Staff Nurses.
 25 Probationers.

Municipal Hospital for Tuberculous Children, Graymount :

Visiting Surgeon—Mr. H. P. MALCOLM
 Matron—Miss A. E. LYNESS, S.R.N.
 1 Sister.
 3 Staff Nurses.
 7 Probationers.

Tuberculosis Institutes :

12 Health Visitors
 Institute and Outdoor.

School Medical Services :

14 School Nurses.

PUBLIC HEALTH DEPARTMENT.**Sanitary Sub-Officers, Etc.**

Divisional Inspector,	W. J. SEFTON—South Division.
do. do.	J. B. BOYD—North Division.
do. do.	T. SHANNON—East Division.
do. do.	W. J. HARRIS, West Division.

- 16 District Sanitary Sub-Officers.
- 3 Sanitary Sub-Officers—Factory and Workshops—1 Male and 2 Female.
- 1 Dairy and Cowsheds Inspector (who is also employed part-time under Diseases of Animals Acts).
- 5 Sale of Food and Drugs Acts Inspectors.
- 1 Port Sanitary Officer.
- 1 Lodging House Inspector.
- 1 Superintendent of Disinfecting Staff.
- 5 Assistant Disinfectors.
- 1 Manager, Disinfecting Station.
- 1 Assistant Disinfecter, Disinfecting Station.
- 1 Assistant (Female), at Disinfecting Station.
- 1 Motor Driver, at Disinfecting Station.
- 1 Assistant Drain Tester.
- 1 Storeman.
- 1 General Attendant
- 1 Notice Server.

Clerical Staff.

- 1 Chief Clerk.
- 2 Assistants to Chief Clerk.
- 2 Clerks in charge of Divisions.
- 2 Senior Clerks.
- 5 Junior Clerks.
- 2 Shorthand Writers and Typists.
- 1 Storeman and General Clerical Attendant.
- 1 Office Boy and Messenger.
- 1 Clerk at Meat Inspection Department.

MATERNITY AND CHILD WELFARE.**Clerical Staff.**

- 1 Senior Clerk.
- 4 Female Clerks.

MUNICIPAL LABORATORY

- 1 Laboratory Attendant.
- 3 Junior Assistant Attendants.

District Medical Officers of Health (part-time) who are the Dispensary Medical Officers under the Poor Law :

No.	1	Dispensary	District—	Dr. H. A. SKILLEN.
	2	do.	do.	Dr. D. KINLEY.
	3	do.	do.	Dr. R. ENGLISH
	4	do.	do.	Dr. A. C. GARDINER.
	5	do.	do.	Dr. R. HALL.
	6	do.	do.	Dr. G. SCARLETT.
	7	do.	do.	Dr. D. WILSON.
	8	do.	do.	Dr. H. NELSON
	9	do.	do.	Dr. J. KENNEDY.
	10	do.	do.	Dr. S. WALLACE.
	11	do.	do.	Dr. T. E. HILL.
	12	do.	do.	Dr. J. D. HAMILTON.
	13	do.	do.	Dr. H. R. IRVINE.
	14	do.	do.	Dr. W. D. DONNAN.
	15	do.	do.	Dr. T. J. KERR.
	16	do.	do.	Dr. H. D. HEASLEY.

PROFESSIONAL NURSING IN THE HOME.

“The Society for Providing Nurses for the Sick Poor, Belfast,” employs a staff of eleven nurses for district work. The nurses visit the poor in their own homes and in cases of illness apply such ministrations and assistance as may be required. Members of the medical profession as well as the clergy of all denominations are invited to bring deserving cases under the notice of the District Matron, but no case can be regularly attended by a nurse unless seen by a doctor.

The Society is dependent upon voluntary subscriptions and gifts in kind to enable it to carry on the magnificent work of alleviating human suffering and caring for the sick poor.

The Corporation has no working arrangement with the Society, but any cases referred to the Society by the Medical Officers of the Public Health services have always received the willing attention of the district nurses.

The district nurses do not attend infectious cases. It is hoped that in the near future the Corporation will come to an arrangement for the home nursing of cases of Measles, Whooping Cough, etc., by the district nurses. Such an arrangement would relieve hospital strain during an epidemic and would also tend to lessen the mortality rate of these diseases.

**MATERNITY AND CHILD WELFARE
MIDWIVES.**

During the year, 228 midwives gave the required notice of their intention to practise, of these 217 were certified by examination and 11 otherwise certified.

In order to ensure compliance with the Rules and Regulations of the Joint Nursing and Midwives' Council, the midwives were visited at intervals throughout the year by the Superintendent of Midwives, both at their homes and also at the homes of cases being attended by them. Special attention was given to the personal cleanliness of the midwives and the condition of their homes and the necessary appliances. The registers containing the entries of births attended by them were examined, and were, with very few exceptions, found to be correctly kept.

A number of breaches of the Rules and Regulations were discovered and reported to the Medical Superintendent Officer of Health or the Maternity and Child Welfare Committee.

In cases where artificial feeding was resorted to, instructions as to the absolute necessity of cleanliness of the bottles and teats were given. Mothers were also advised to take advantage of the Child Welfare Centres, the benefits both to themselves and their infants being explained to them.

19 cases of Ophthalmia Neonatorum occurred during the year. All of these completely recovered.

134 cases of Inflammation of Eyes occurred during the year.

141 cases of Puerperal Pyrexia occurred during the year, of these 7 died.

EMERGENCY CASES.

Under the Midwives (Ireland) Act, 1918, and the Midwives and Nursing Homes Act (Northern Ireland), 1929, any Medical Practitioner who may be called in by a midwife in an emergency case is entitled to a fee (under certain circumstances) payable by the Local Supervising Authority.

During the year the services of Medical Practitioners were requisitioned by midwives in 394 emergency cases, and the Corporation, as the Local Supervising Authority, paid in fees £363 0s. 6d. for attendances in 184 cases.

SUMMARY.

Number of Midwives who notified their intention to practise :—

Certified by examination	.....	.....	217
Otherwise Certified	.....	.....	11
			<hr/> 228

SUMMARY OF VISITS AND GENERAL INFORMATION WITH RESPECT TO THE ENFORCEMENT OF THE PROVISIONS OF THE ACT AND RULES AND REGULATIONS MADE PURSUANT THERETO.

Visits by Superintending Midwives :—

To Midwives certified by examination	.....	.....	1,135
To Midwives otherwise certified	.....	.....	101
Total Visits to Midwives	.....	.....	1,236
To cases attended by Midwives	.....	.....	1,077
To Nursing Homes	.....	.....	247
Re Puerperal Fever	.....	.....	19
Re Puerperal Pyrexia	.....	.....	371
Re Ophthalmia Neonatorum and Inflamed Eyes	.....	.....	74
Re Rise of Temperature	.....	.....	2
To Babies' Homes	.....	.....	12
Re Medical Fees	.....	.....	305
Re Maternal Mortality	.....	.....	83
Re Still Births	.....	.....	43
Miscellaneous Visits	.....	.....	14

Births :—

Attended	by Medical Practitioners and Midwives	.....	2,617
„	only by Midwives certified by examination	.....	3,287
„	by Midwives otherwise certified	.....	71
„	in Union Maternity Hospital	.....	1,269
„	in other Maternity Hospitals	.....	1,360
„	by Nurses from Maternity Hospitals	.....	548
„	in Malone Place Home	.....	140
„	in Thorndale Home	.....	70
„	in Nursing Homes	.....	674

Notifications received by Medical Superintendent Officer of Health :—

Under Form	A.—Sending for Medical help	.....	394
„	„ B.—Notification of Death	.....	30
„	„ C.—Notification of Still birth	.....	490
„	„ D.—Notification of having laid out a Dead Body	.....	5
„	„ E.—Source of Infection	.....	5
„	„ F.—Artificial Feeding	.....	54

Irregularities :—

Number of Midwives reported to Joint Nursing & Midwives Council	1
Number of Midwives suspended	..... 35

Number of Midwives disinfecting owing to :—

Puerperal Fever	.....	9
do. Pyrexia	.....	12
Rise of Temperature	.....	20
Scarlet Fever	5
Diphtheria	2
Laying out a dead body	1

Number of Midwives who died	2
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NOTIFICATION OF BIRTHS ACT.

10,036 births were notified pursuant to the Notification of Births Act and in addition 87 were either discovered by Health Visitors or notified by the Registrars of Births, making a total of 10,123; of these 5,202 were males and 4,921 were females; 489 were stillbirths and 371 were illegitimate births.

Of the total number notified 7,512 were selected for visitation and supervision, and during the year 41,709 visits were made.

On visiting a house where a birth has taken place the Health Visitor makes enquiries regarding the family history and with respect to the conditions obtaining in the home. She also makes an examination of the sanitary arrangements, and if any defect is discovered immediate remedial measures are taken.

She gives advice and instruction as to the care of infants and young children, the preparation of food and the storage of milk, butter, etc., and the precautions to be taken to prevent infectious disease.

For a period of twelve months the child is kept under special supervision and its progress recorded, and the mother is advised to attend the Child Welfare Centre in the district in which she resides. After this period there is a general supervision exercised by the Officers in the district, and if children are delicate or not thriving they are kept under supervision as long as is considered necessary

MATERNITY AND CHILD WELFARE CENTRES.

There were 13 Centres (16 sessions) in operation during the year, situated at Donegall Road, Danube Street, Mervue Street, Dee Street, Falls Road, York Street, Woodstock Road, Hillview Street, Shankill Road, Divis Street, Charlotte Street Ligoniel and Sydenham. Ten of these Centres were open one afternoon per week and three were open two afternoons per week, at each session a Medical Practitioner, properly trained and qualified Health Visitors together with several Voluntary Workers were in attendance.

The work of the Centres consists of a thorough medical examination of babies and medical advice as to their treatment where such is required. Each baby is weighed periodically and the weight recorded in order to ascertain the progress being made and to assist in the discovery of defects or ailments at the earliest possible moment and thus prevent or check any disease which may impede its progress or have a detrimental effect upon its after life. Consultations are held with mothers with respect to their health, and they are advised and instructed in the care of infants and young children and are supplied with instructive literature on the subject. Food, such as Ostermilk, Cow and Gate, etc., is supplied at cost price, under cost price, or free to cases where it is considered the circumstances warrant it. In addition to assisting in the regular work of the Centres, the ladies who assisted voluntarily throughout the year very kindly provided suitable clothing for babies at a nominal charge.

The following table shews the number of names on the roll of each Centre, and the total number of attendances during the year, also the number of babies medically examined and the total number of examinations :—

TABLE No. IX.

	On Roll.	Total No of attendances by mothers.	Babies medically Examined.	Total medical examinations of babies.
Danube Street	568	5,285	429	1,302
Donegall Road	703	6,419	518	1,875
Dee Street (two sessions)	925	9,803	608	3,121
York Street (two sessions)	503	5,615	484	2,383
Spiers Place (two sessions)	663	6,200	646	2,394
Falls Road	592	5,999	513	2,396
Charlotte Street	243	2,699	188	851
Woodstock Road	325	3,693	294	1,335
Mervue Street	302	3,962	318	1,643
Hillview Street	567	5,599	534	1,684
Divis Street	460	6,800	392	1,954
Ligoniel	143	1,214	113	572
Sydenham	254	2,394	185	1,222
	6,248	65,682	5,222	22,732

In the year 1935 the total number on the rolls was 6,494 and the total number of attendances 62,092. 4,719 babies were medically examined, the total number of such examinations being 22,086.

The total cost to the Department of Dried Milk, etc., distributed at the several Child Welfare Centres during the year was £3,196 compared with £2,820 during the preceding year. The Dried Milk is given to necessitous cases only, at either cost price, under cost price, or free, according to the circumstances of the recipient.

During the year 1936, 191 recipients were supplied with 16,814 pints of sweet milk free. The figures for 1935 were 1533 recipients and 53,882 pints of milk.

TABLE No. X.

Shewing the Deaths of children under one year old per 1,000 births each year
from 1881-1936.

Year.	Deaths per 1,000 Births.	Year.	Deaths per 1,000 Births.
1881	136	1909	139
1882	151	1910	143
1883	162	1911	128
1884	126	1912	129
1885	170	1913	144
1886	135	1914	143
1887	163	1915	137
1888	145	1916	113
1889	163	1917	130
1890	162	1918	144
1891	149	1919	113
1892	173	1920	132
1893	160	1921	115
1894	160	1922	94
1895	169	1923	101
1896	148	1924	107
1897	166	1925	104
1898	164	1926	112
1899	161	1927	101
1900	152	1928	103
1901	154	1929	112
1902	151	1930	78
1903	134	1931	90
1904	154	1932	111
1905	136	1933	102
1906	144	1934	80
1907	136	1935	112
1908	147	1936	101

Summary of Visits.

Cases investigated	.....	.....	.....	.....	.....	7,512
„ visited a second time	.....	.....	.....	.....	.....	6,493
„ „ third time	.....	.....	.....	.....	.....	5,984
„ „ fourth time	.....	.....	.....	.....	.....	5,122
„ „ fifth time	.....	.....	.....	.....	.....	4,255
„ „ sixth time	.....	.....	.....	.....	.....	3,359
„ „ seventh time	.....	.....	.....	.....	.....	2,561
„ „ eighth time	.....	.....	.....	.....	.....	1,920
„ „ ninth time	.....	.....	.....	.....	.....	1,349
„ „ tenth time	.....	.....	.....	.....	.....	923
„ „ eleventh time	.....	.....	.....	.....	.....	683
„ „ twelfth time	.....	.....	.....	.....	.....	477
„ „ thirteenth time	.....	.....	.....	.....	.....	334
„ „ fourteenth time	.....	.....	.....	.....	.....	216
„ „ fifteenth time	.....	.....	.....	.....	.....	141
„ „ sixteenth time	.....	.....	.....	.....	.....	102
„ „ seventeenth time	.....	.....	.....	.....	.....	64
„ „ eighteenth time	.....	.....	.....	.....	.....	53
„ „ nineteenth time	.....	.....	.....	.....	.....	43
„ „ twentieth time	.....	.....	.....	.....	.....	32
„ „ twenty-first time	.....	.....	.....	.....	.....	20
„ „ twenty-second time	.....	.....	.....	.....	.....	15
„ „ twenty-third time	.....	.....	.....	.....	.....	15
„ „ twenty-fourth time	.....	.....	.....	.....	.....	9
„ „ twenty-fifth time	.....	.....	.....	.....	.....	6
„ „ over twenty-five times	.....	.....	.....	.....	.....	21
						41,709
Number of visits re Infant Mortality	.....	.....	.....	.....	.....	642
„ visits to Child Welfare Centres	.....	.....	.....	.....	.....	2,193
„ visits re Infectious Disease	.....	.....	.....	.....	.....	1,504
„ visits re other diseases	.....	.....	.....	.....	.....	62
„ visits to cases discharged from Hospital after Scarlet Fever	.....	.....	.....	.....	.....	499
„ visits to expectant mothers	.....	.....	.....	.....	.....	944
„ miscellaneous visits	.....	.....	.....	.....	.....	1,295
„ visits to mothers	.....	.....	.....	.....	.....	52,421
„ visits to children over 1 year	.....	.....	.....	.....	.....	71,839
„ visits re Ophthalmia Neonatorum and Inflamed Eyes	.....	.....	.....	.....	.....	577
„ unsuccessful visits	.....	.....	.....	.....	.....	8,340
„ Nursed out babies	.....	.....	.....	.....	.....	949

LEGISLATION IN FORCE.

Public Health (Ireland) Acts, 1878 to 1907.

Housing of Working Classes Acts.

BELFAST CORPORATION LOCAL ACTS.

- 8 / 9 Vic., Cap. cxlii (1845).
- 9 / 10 Vic., Cap. ccxciv (1846).
- 10 / 11 Vic., Cap. ccliv (1847).
- 13 / 14 Vic., Cap. cviii (1850).
- 16 / 17 Vic., Cap. cxiv (1853).
- 27 / 28 Vic., Cap. cxcviii (1864).
- 28 / 29 Vic., Cap. clxxxiii (1865).
- 29 / 30 Vic., Cap. cxiii (1866).
- 31 / 32 Vic., Cap. cxvii (1868).
- 36 / 37 Vic., Cap. cxcix (1873).
- 37 / 38 Vic., Cap. cxxv (1874).
- 40 / 41 Vic., Cap. cxxii (1877).
- 41 / 42 Vic., Cap. clxxx (1878).
- 47 / 48 Vic., Cap. xciii (1884).
- 50 Vic., Cap. xxiii (1887).
- 50 / 51 Vic., Cap. cxxvii (1887).
- 52 / 53 Vic., Cap. xlii (1889).
- 53 / 54 Vic., Cap. cv (1890).
- 53 / 54 Vic., Cap. cxcii (1890).
- 54 / 55 Vic., Cap. lvii (1891).
- 55 / 56 Vic., Cap. ccx (1892).
- 55 / 56 Vic., Cap. ccxxxi (1892).
- 59 / 60 Vic., Cap. ccxlv (1896).
- 60 / 61 Vic., Cap. lxxxvi (1897).
- 61 / 62 Vic., Cap. xlv (1898).
- 61 / 62 Vic., Cap. liii (1898).
- 62 / 63 Vic., Cap. ccxlv (1899).
- 2 Ed. VII., Cap. cix (1902).
- 4 Ed. VII., Cap. ccxxix (1904).
- 8 Ed. VII., Cap. cxxvi (1908).
- 10 Ed. VII., & 1 Geo. V Cap. xlv (1910).
- 1 & 2 Geo. V., Cap. cxc (1911).
- 2 & 3 Geo. V. Cap. ix (1912).
- 3 & 4 Geo. V., Cap. c (1913).
- 4 & 5 Geo. V., Cap. xxxviii (1914).
- 13 & 14 Geo. V., Cap. v (1923).
- 14 & 15 Geo. V., Cap. iv (1924).
- 15 & 16 Geo. V., Cap. iii (1925).
- 20 & 21 Geo. V., Cap. ii (1930).

Port Sanitary Authority Local Government Board (Ireland) Provisional Orders Confirmation
(No. 4) Act, 1900 ; 63 & 64 Vic., Cap. ccv.

The Belfast, Holywood and Castlereagh Joint Board, L.G.B. (Ireland) Provisional Orders
Confirmation (No. 2) Act, 1905, 5 Edw. VII., Cap. cxxiii.

PUBLIC ACTS ADOPTED BY THE COUNCIL.

ACT.	DATE OF ADOPTION.
Baths and Washhouses Act, 1846	1st February, 1854.
Public Libraries (Ireland) Act, 1855	1st December, 1882 (By Plebiscite).
Public Health Acts Amendment Act, 1890 (Part III.)	1st January, 1891.
Infectious Disease (Prevention) Act, 1890	5th March, 1891.
Infectious Disease (Notification) Act, 1889.	1st January, 1897
Housing of the Working Classes Act, 1890 (Part 3).	1st November, 1897.
Notification of Births Act, 1907	2nd December, 1907.
Public Health Acts Amendment Act, 1907 (Parts 7, 8 and 9)	By Order of Chief Secretary for Ireland, dated 9th May, 1908.
Public Health Acts Amendments Act, 1890 (Part 4)	{ 1st April, 1908. 1st May, 1908.
Museum and Gymnasiums Act, 1891 (So much as relates to Museums)	1st February, 1909.
Tuberculosis Prevention (Ireland) Act, 1908 (Part 1)	1st September, 1908,
Public Health Acts Amendment Act, 1907 (Parts 2, 3, 4, 5, 6, and 10)	By Order of L.G.B. for Ireland, dated 20th July, 1910.

BYE-LAWS AND REGULATIONS.

NATURE OF BYE-LAW.	WHEN MADE.	WHEN CONFIRMED AND BY WHOM.
Advertising Vans	2nd May, 1887.	Confirmation Unnecessary.
Advertising Hoardings	4th Oct., 1899.	L.G.B., 19th Oct., 1900.
Aldermen and Councillors Non- Acceptance of Office	June, 1901.	Lord Lieutenant.
Art Gallery, &c.	1st June, 1905.	L.G.B., 14th Sept., 1905.
do.	1st May, 1930.	Ministry of Home Affairs for Nor- thern Ireland, 27th August, 1930.
Abattoir, Butchers working in Abattoir, Public—	1st July, 1909.	L.G.B., 26th Nov., 1909.
Management and Charges	1st Sept., 1913.	L.G.B., 4th Nov., 1913.
do.	3rd April, 1922.	Ministry of Home Affairs for Nor- thern Ireland, 20th May, 1922.
do.	3rd Jan., 1927.	10th March, 1927.
do.	1st April, 1927.	13th May, 1927.
do.	1st Oct., 1929.	29th Nov., 1929.
do.	1st June, 1934	30th August, 1934.
Allotments	1st February, 1933	10th February, 1933
Baths and Wash-houses	5th April, 1904.	L.G.B., 16th May, 1904.
Buildings—New	1st Feb., 1890	L.G.B., 30th April, 1890.
Buildings	1st Nov., 1928.	Ministry of Home Affairs for Nor- thern Ireland, 12th Dec., 1928.
Bicycles, etc.	1st Jan., 1898.	L.G.B., 13th Mar., 1898.
Betting in Streets	3rd Feb., 1902.	L. Lieut., 14th Mar., 1902.
Bowling Greens	1st July, 1926.	Ministry of Home Affairs (N.I.) 23rd August, 1926.
do.	2nd May, 1927.	2nd July, 1927.
Burial Grounds	3rd Jan., 1921.	L.G.B., 17th Jan., 1921.
	Amended 1st Feb., 1927 and 1st December, 1933.	Ministry of Home Affairs (N.I.) 15th February, 1934.
do.	1st May, 1933.	Ministry of Home Affairs (N.I.) 13th June, 1933.
Butchers' Shops	1st June, 1932	Ministry of Home Affairs (N.I.) 18th July, 1932.
Cattle Drovers	1st July, 1925.	Ministry of Home Affairs for Nor- thern Ireland, 1st Sept., 1925.
Cattle, Passage through Streets	2nd Nov., 1931.	do. 10th Dec., 1931.

NATURE OF BYE-LAW.	WHEN MADE.	WHEN CONFIRMED AND BY WHOM.
Coal, Sale of	1st Aug., 1919.	Board of Trade, 15th Sept., 1919
Children—Prevention of Cruelty to	1st Aug., 1893.	L. Lieut., 6th October, 1893.
Children's Playgrounds	1st Nov., 1923.	Ministry of Home Affairs (N.I.) 21st Dec., 1923.
Children—Place of Safety, Nazareth House	1st June, 1906	
Carriage Traffic—		
At Opera House.....	1st Jan., 1896.	
At Ulster Hall	1st Dec., 1894.	
Carrick House	16th May, 1902.	L.G.B., 26th July, 1902.
Conveyances plying for Public Hire—		
Hackney Carriages	2nd Dec., 1867, and subsequent dates.	Chairman, Quarter Sessions., Jan., 1868, and subsequent dates.
do.	1st April, 1898.	Chairman of Quarter Sessions, 14th Oct., 1898.
do.	1st Sept., 1910.	Recorder of Belfast, 4th Nov., 1910.
do.	2nd April, 1918.	Recorder of Belfast, 18th June, 1918.
do.	1st June, 1920.	18th Sept., 1920.
Motor Taxi Cab (Fares)	1st May, 1923.	Chairman of Quarter Sessions, 19th July, 1923.
do. do.	1st March, 1928.	Ministry of Home Affairs (N.I.) 16th June, 1928.
NOTE.—Under the provisions of the Motor Vehicles (Traffic and Regulation) Act. (N.I.), 1926, the licensing of mechanically propelled Public Service Vehicles to ply for hire passed to the Minister of Home Affairs.		
Dairies, Cowsheds and Milkshops	1st Sept., 1908.	Confirmation Unnecessary
Dogs, Wearing of Collars by	1st May, 1907.	Confirmation Unnecessary.
Dogs, Street Nuisance by	1st July, 1932.	His Grace the Governor of Northern Ireland, 27th October, 1932
1		
Drovers of Cattle (see Cattle Drovers).		
Education Committee Constitution		Ministry of Education (N.I.)
Powers, Duties, &c.	9th Nov., 1923.	17th Nov., 1923.
Amended	3rd Jan., 1927.	21st Feb., 1927
do.	1st Dec., 1930.	15th Jan., 1931.
do.	1st April, 1935.	16th April, 1935.
Female Domestic Servant's Registries	1st March, 1911.	Chief Secretary for Ireland, 27th April, 1911.
Factory and Workshop	20th June, 1916.	L.G.B., 2nd Aug., 1916.
Garden Allotments	1st Feby., 1933.	Ministry of Home Affairs (N.I.) 10th February, 1933.
(
Hoarding Advertising)	4th Oct., 1899.	do. 19th Oct., 1900.
House Refuse, Removal of	1st Feb., 1909.	L.G.B. 8th April, 1909.
Ice Cream, Manufacture and Sale of	1st Feb., 1927.	Ministry of Home Affairs (N.I.) 31st March, 1927.
Ice Cream, Premises used for sale of	1st Dec., 1931.	13th Jan., 1932.
Juvenile Street Trading (see Street Trading)		
Lodging Houses—		
Other than Common	1st May, 1876.	L.G.B., 7th June, 1876.
Seamen's	March, 1883.	Board of Trade, 17th March, 1883.
Common	2nd Nov., 1903.	L.G.B., 20th Jan., 1904.
Lights on Vehicles	1st Jan., 1901.	do. 18th April, 1901.
Lord Mayor, non-acceptance of Office	June, 1901.	L. Lieutenant, 8th February, 1902
Locomotives—		
(Streets)	5th June, 1906.	L.G.B. 19th July, 1906.
(Hours)	1st May, 1914.	do. 15th June, 1914.
Markets	1st Feb., 1851	Chairman Quarter Sessions, 12th April, 1851.
Grain and Meal Market	1st Sept., 1896.	27th Oct., 1896.
Mortuary	1st Dec., 1895.	
Motor (Taxi) Cabs Plying for Hire (see Conveyances Plying for Hire).		
Meat, Conveyance of	1st May, 1922.	Ministry of Home Affairs (N.I.) 7th June, 1922.
do.	2nd June, 1930.	19th July, 1930.
Meat, Inspection of	1st Dec., 1913.	13th Feb., 1914.
Meat, Protection of	1st June, 1932.	18th July, 1932.

NATURE OF BYE-LAW.	WHEN MADE.	WHEN CONFIRMED AND BY WHOM.
Motor Car Parking Places	2nd Sept., 1929.	22nd Oct., 1929.
	Additional Order made— 3rd March, 1930.	
do.	1st Feb., 1932.	
do.	3rd Sept., 1934.	
Nursing Homes—Inspection of	3rd Feb., 1930.	8th March, 1930.
Offensive Trades	2nd Nov., 1903.	20th Jan., 1904.
do.	2nd Nov., 1914.	11th Dec., 1914.
do.	1st April, 1930.	10th May, 1930.
Omnibuses	1st May, 1931.	26th June, 1931.
Public Parks General	1st Aug., 1923.	27th Sept., 1923.
do.	2nd May, 1927.	2nd July, 1927.
Public Parks	1st Nov., 1928.	18th Dec., 1928.
Parks, Recreation Grounds, Pleasure Grounds, Open Spaces and Children's Playgrounds.	1st March, 1932	Ministry of Home Affairs (N.I.) 13th April, 1932. His Grace the Governor of Northern Ireland, 3rd June, 1932
Bellevue Gardens and Hazelwood	1st Aug., 1923.	Ministry of Home Affairs (N.I.), 27th Sept., 1923.
do.	2nd May, 1927.	do. 5th Aug., 1927.
Children's Playgrounds	1st Nov., 1923.	Ministry of Home Affairs (N.I.) 21st, Dec., 1923.
Regulation of Vehicular Traffic, Ormeau Park	2nd Oct., 1922.	Ministry of Home Affairs (N.I.), 4th Dec., 1922.
Piggeries	1st May, 1894.	L.G.B., 2nd Aug., 1894.
Pork—See "Meat, Conveyance of."		
Public Entertainments—Condition of Licence	3rd April, 1935.	Confirmation Unnecessary.
Public Libraries, Art Gallery and Museum	1st June, 1905.	L.G.B., Aug., 1905.
do.	1st May, 1930.	Ministry of Home Affairs (N.I.) 27th August, 1930.
Public Sanitary Conveniences	2nd Nov., 1908.	L.G.B., 2nd Jan., 1909.
Public Service Vehicles	1st May, 1931.	Ministry of Home Affairs (N.I.) 26th June, 1931.
Places of Public Resort—Regula- tions re Ingress to and Egress from	1st Nov., 1909. Amended 3rd Nov., 1913.	Confirmation Unnecessary.
School Attendance	2nd June, 1924.	Ministry Education, 18th Aug. 1924.
do.	1st October, 1929.	21st Dec., 1929.
School Committee, Scheme regulating the Constitution, Powers, Duties and Procedure	2nd Jan., 1928.	
Spitting	4th Aug., 1903.	L. Lieut., 1st September, 1903.
do.	1st Nov., 1933.	His Grace the Governor of North- ern Ireland, 8th January, 1934.
Street Nuisances	6th Nov., 1903.	L. Lieut., 12th Oct., 1905.
	1st June, 1904.	
	1st Feb., 1906.	
	1st Oct., 1917.	
	3rd Oct., 1927.	
	1st Nov., 1928.	
	3rd Dec., 1928.	
	3rd Feb., 1930.	
Street Traffic	1st June, 1931.	
	1st Sept., 1931.	
	1st March, 1932.	
	23rd Jan., 1933.	
	3rd July, 1933.	
	3rd Sept., 1934.	
	1st Nov., 1934.	Ministry of Home Affairs (N.I.) 8th March, 1935.
Street Trading (Juvenile)	1st Oct., 1925.	Ministry of Home Affairs (N.I.) 16th December, 1925.
Standing Orders of Council	1st Sept., 1930. Amended 1st May, 1931. and 1st June, 1934.	

NATURE OF BYE-LAWS	WHEN MADE	WHEN CONFIRMED AND BY WHOM
Sheep Scab	1st April, 1915.	
Sanitary Conveniences (see Public Sanitary Conveniences.)		
Swimming Ponds—		
Regulations for use of	1st April, 1910.	
Tennis Courts	2nd Jan., 1922.	Lord Lieutenant, 9th January, 1922.
Tents, Vans, etc.	1st July, 1919.	
Tramways	2nd Oct., 1905.	Commissioner of Public Works, 2nd December, 1905.
Vehicles, Lights on	1st Jan., 1901.	L.G.B., 18th April, 1901.

PREMISES AND OCCUPATIONS CONTROLLED BY
BYELAWS AND REGULATIONS ADMINISTERED BY PUBLIC
HEALTH DEPARTMENT.

NATURE OF BYELAW	CHARACTER OF PREMISES
Abattoir— Butchers working in	City Abattoir.
Abattoir— Management and Charges	do.
Burial Grounds	<p>The Burial Grounds under the control of the Belfast Corporation are City Cemetery, Dundonald Cemetery and Knock Cemetery.</p> <p>The City Cemetery is situated about 2½ miles from the centre of the City on the West side of Falls Road. It contains about 45 acres and was opened in the year 1869.</p> <p>Dundonald Cemetery is situated in the parish of Dundonald, about 4 miles distant from the centre of the City. It also contains about 45 acres and was opened in the year 1905.</p> <p>Knock Cemetery is situated on the Knock Road.</p> <p>The private burial grounds are :— Friars' Bush Cemetery, Stranmillis Road. Milltown R.C. Cemetery, Falls Road. Malone Burial Ground, Stockman's Lane. Quakers' Burial Ground, Balmoral Avenue. Old Charitable Institution Burial Ground, Clifton Street. Greencastle Burial Ground, Greencastle. Ballymacarret Methodist Church Burial Ground, Newtownards Road. St. Matthew's Church Burial Ground, Shankill Road.</p> <p>All the graveyards are regularly inspected by the officers of the Public Health Department in order to ensure that the requirements of the Public Health Act and Byelaws made thereunder are complied with.</p>

Premises and Occupations Controlled by Byelaws and Regulations
administered by Public Health Department—*Continued.*

NATURE OF BYELAW	CHARACTER OF PREMISES
Butchers' Shops	Shops where Butchers' Meat is sold.
Dairies, Cowsheds & Milk shops (Ireland) Order.	
Ice Cream— Manufacture and Sale of	Grocery Shops; Confectionery Shops; Fish and Chip Shops; Kitchen Houses, &c., &c.
Lodging Houses— Common	The Common Lodging Houses are old type of houses, situated principally in the centre of the City, with accommodation for lodgers varying from 5 to 319.
Other than Common	
Meat— Conveyance of	_____
Inspection of	_____
Protection of	_____
Offensive Trades	Hide Stores; Gut Scrapers; Bone Boilers; Soap Manufacturers; Fellmongers; Fat Boilers; Fat Extractors; Tanners.
Piggeries	_____
Sheep Scab	_____
Tents, Vans, &c.	_____
Rag Flock Act, 1911, Regulations	Bedding manufacturers and Upholsterers.

FACTORY AND WORKSHOP ACTS.

Summary of inspections and of sanitary improvements carried out in pursuance of the provisions of above Acts.

FACTORIES.

608 visits were made to factories.

317 Sanitary defects were discovered.

SANITARY IMPROVEMENTS.

The following sanitary improvements were carried out by the owners or occupiers of factories, after being duly noticed, in order to remedy sanitary defects discovered in the course of inspection :—

No of Factories in which improvements were carried out.	Nature of Improvements.
5	Water closet accommodation provided.
4	Means of Ventilation provided to water closets
9	Separate water closet accommodation for each sex provided.
82	Water closets cleansed.
7	Water closets repaired.
5	Privies abolished and water closets provided.
20	Intervening ventilated spaces provided between workrooms and water closets.
8	Door fasteners provided.
5	Doors provided to water closet apartments.
8	Factories cleansed and limewashed.
3	Means of Lighting provided.
3	Wash-hand basins cleansed.
5	Walls and Ceilings Limewashed
10	Roofs and spoutings repaired.
2	Spouting repaired.
6	Stairs cleansed.
2	Tiling repaired or relaid.
3	Floors repaired.
3	Waste pipes repaired.
3	Smoke nuisances abated.
5	Dust nuisances abated.
2	Rubbish removed.
2	New refuse bins provided.

WORKSHOPS.

2,731 workshops on register on 1st January.

97 registered during the year.

68 removed from register during the year.

2,096 visits made.

621 sanitary defects were discovered.

The following sanitary improvements were carried out by the owners or occupiers of workshops, after being duly noticed, in order to remedy sanitary defects discovered in the course of inspection :—

No. of Workshops in which improvements were carried out.	Nature of Improvements.
13	Water closet accommodation provided.
12	Separate water closet accommodation provided for each sex.
3	Water closet roofs repaired.
95	Water closets cleansed.
37	Water closets repaired.
15	Intervening ventilated spaces provided between workrooms and water closets.
1	New soilpipe provided to water closet.
3	Walls of water closet apartments limewashed.
6	Door fasteners provided.
1	Waste pipes repaired.
10	Means of ventilation provided.
4	Drains cleansed.
2	Walls of hall and staircase repaired.
1	Window frame repaired.
2	Stairs repaired.
3	Stairs cleansed.
28	Workshops cleansed.
152	Workshops cleansed and limewashed.
2	Doors provided.
4	Yards cleansed.
7	Tiles relaid or floors repaired.
6	Hoods and flues provided to gas heaters.
12	Trade refuse and rubbish removed.
2	Dustbins provided.
5	Roofs repaired.
15	Roofs and spoutings repaired.
2	Spoutings repaired.

WORKPLACES.

395 Visits were made to workplaces.
96 Sanitary defects were discovered.

The following sanitary improvements were carried out by the owners or occupiers of workplaces, after being duly noticed, in order to remedy sanitary defects discovered in the course of inspection :—

No. of Workplaces in which Sanitary improvements were carried out.	Nature of Improvements.
5	Drains cleansed.
3	Water closet accommodation provided.
8	Water closets cleansed.
22	Water closets repaired.
3	Waste pipes repaired.
10	Separate water closet accommodation provided for each sex.
6	Intervening ventilated spaces provided between workrooms and water closets.
6	Yards cleansed.
16	Workplaces cleansed.
6	Workplaces provided with means of ventilation.
3	Workplaces provided with means of heating.
11	Tiles relaid or flooring repaired.
4	Roofs repaired.
2	Roofs and spouting repaired.
10	Walls and ceilings limewashed.
2	Ceilings repaired.
3	Spouting repaired.
1	Flue provided to Gas Cooking Range.
4	Stairs cleansed.
5	Accumulations of trade refuse, manure or rubbish removed.
2	Dustbins provided.
2	Insanitary workplaces closed.

BAKEHOUSES.

1,406 Visits were made to Bakehouses.

462 Sanitary defects were discovered.

The following sanitary improvements were carried out by the owners or occupiers of bakehouses, after being duly noticed, in order to remedy sanitary defects discovered in the course of inspection :—

No. of Bakehouses in which improvements were carried out.	Nature of Improvements.
12	Water closets repaired.
3	Separate water closet accommodation for each sex provided.
3	Means of ventilation provided.
3	Intervening ventilated spaces provided between bakehouses and water closets.
35	Hoods and flues provided to carry off fumes from hot plates and ovens.
3	New wastepipes provided.
3	Openings into drains sealed up.
6	Roofs and spouting repaired.
5	Floors repaired.
2	Ceilings repaired.
80	Bakehouses cleansed, limewashed or painted.
5	Accumulations of trade refuse removed.
3	Insanitary bakehouses closed.

All bakehouses were limewashed or otherwise cleansed at least twice during the year.

SHOPS.

3,939 Visits were made by the Female Sanitary Sub-Officers.

The following Sanitary improvements were carried out by the owners or occupiers of the premises, after being duly noticed, in order to remedy sanitary defects discovered in the course of inspection :---

No. of Shops in which improvements were carried out.	Nature of Improvements.
3	Rooms adjoining shops ceased to be used as bedrooms.
6	Suitable storage for food provided.
57	Premises cleansed.
60	Dwelling accommodation cleansed.
22	Stairs cleansed.
8	Water closets cleansed.
3	Water closets provided with new basins.
2	Drains cleansed.
42	Water closets repaired.
3	Roofs of water closets repaired.
2	Scullery walls repaired
7	Tiling relaid.
3	Flooring repaired.
7	Spoutings repaired.
2	Waste pipes repaired.
9	Roofs repaired.
25	Walls and ceilings limewashed.
2	New doors provided.
8	Ceilings repaired.
2	New steps provided.
3	Gully traps repaired.

TABLE XI.

HOME WORK.

	OUTWORKERS											
	Lists received from Employers							Prosecutions	Inspections of Outworkers' Premises	Outwork in Unwholesome Premises		Visits to Employers Premises
	Sending Twice in the Year		Sending Once in the Year									
	Outworkers		Outworkers		Outworkers							
	Lists	Contractors	Workmen	Lists	Contractors	Workmen						
Wearing Apparel— Making, Cleansing and Washing	118	1	379	8	28	All Occupiers were Notified	1	....	....	....	....	....
Household Linen	108	250	2,581	3	8		....	....	....	....	....	....
Furniture and Upholstery	6	....	11	....	....		....	....	95	20	41	....
Paper Bags and Boxes	4	....	9	....	....		....	...	....	....	....	....
Chocolates and Sweetmeats	2	....	6	....	....		....	....	....	....	....	....
Total	238	251	2,986	11	36		1	4,301	95	20	41	....

The names and addresses of all outworkers and contractors who resided outside the city were forwarded to the District Council of the District in which they resided.

77 sanitary defects, nuisances, etc., were discovered and remedied.

All work found on infected premises was disinfected.

COMMON LODGING HOUSES.

Number on Register at 1st January	44
Number Registered during the year	2
Removed from Register during the year	2
Number of lodgers for whom there was accommodation	1,283
Number of visits during the year by lodging house Inspector	2,833
Nuisances discovered	76
Breaches of Bye-laws	212

The accommodation varies from 5 to 319 persons to a house.

On visiting the lodging houses your officer paid special attention to the general condition of the premises, including cleanliness, lighting and ventilation and also to the condition of the bedding. The prevention of overcrowding was strictly enforced and immediate remedial measures taken for the abatement of any nuisance or the repair of any sanitary defect found to exist.

All the houses were limewashed regularly and the bedding cleansed or renewed at intervals.

Notices were served on the owners or persons responsible, to remedy sanitary defects or abate nuisances discovered.

SANITARY IMPROVEMENTS.

No. of Lodging Houses in which improvements were carried out.	Nature of Improvements.
8	Drains cleansed.
2	Drains repaired.
15	Roofs repaired.
9	Spouting repaired.
2	Fire Grates repaired
7	Water closets repaired.
1	Skylights repaired.
1	Water closet apartment repaired
16	Tiles relaid or flooring repaired.
4	Windows repaired.
4	New Ashbins provided
11	Plaster of walls and ceilings repaired
1	Trade refuse removed.

RAG FLOCK ACT, 1911.

21 samples of Rag Flock were submitted to the City Analyst for examination during the year 1 of which was found to be below the standard of cleanliness laid down by the Rag Flock Regulations, 1912. The persons from whom the samples were procured were warned against further infringements of the regulations.

SMOKE NUISANCE.

399 observations were made for the detection of black smoke being emitted in such quantities as to be a nuisance.

OFFENSIVE TRADES.

387 visits were made to the premises in which offensive trades are carried on throughout the City, in order to ensure that the Bye-Laws with respect to same were being complied with.

TABLE XII.
LEGAL PROCEEDINGS.

	Summo nes	Orders.	Fines.		
			£	s.	d.
Under Public Health Acts :—					
For abatement of nuisances	548	36	4	10	0
For disobedience of Justices' Orders	3	—	2	0	0
For having deposited for the purpose of sale, a fowl which was unsound and unfit for the food of man	1	—	1	0	0
For having deposited for the purpose of sale, biscuits which were unsound and unfit for the food of man	1	—	10	0	
For having deposited for the purpose of sale, liver which was unsound and unfit for the food of man	1	—			
For failing to remove manure within the prescribed period	2	—	5	0	
Under Belfast Corporation Acts	10	—	2	15	0
Under Bye-laws prohibiting the sale of meat until after inspection	1	—	1	0	0
Under Bye-laws for the decent and seemly conveyance of meat through the public thoroughfares	3	—	1	15	0
Under Bye-laws for the Regulation of Piggeries	1	—			
Under Factory and Workshops Acts	1	—	10	0	
Under Merchandise Marks. Act	1	—	2	0	0
Under Planning and Housing Act	1	1			
Under Dairies, Cowsheds and Milkshops Order	1	—	1	0	0
Under Notification of Births Act	1	—	5	0	
Under Diseases of Animals Acts :—					
Sheep Scab Order	21	—	47	15	0
Under Sale of Food and Drugs Acts	—	—	43	2	6

RAINFALL.

The following Table, kindly supplied by Mr. W. I. Quinn, Secretary to the Belfast City and District Water Commissioners, shows the rainfall in inches during the several months of the year 1936 as recorded at the Water Works at Old Park, compared with the preceding ten years.

TABLE No. XIII.

		1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
January	.....	5.09	3.57	7.63	2.29	4.80	4.49	2.96	2.07	2.80	1.00	4.50
February	.....	4.80	1.75	4.61	4.23	0.90	3.30	.07	2.85	0.25	3.93	2.20
March	.....	1.52	2.65	3.79	0.57	2.03	1.30	1.86	2.43	2.07	1.64	2.28
April	.....	1.93	1.26	1.40	1.28	2.01	2.77	3.27	1.32	3.07	2.55	.93
May	.....	2.30	1.43	1.65	2.93	2.02	4.33	2.77	2.27	3.55	1.19	1.36
June	.....	1.97	3.91	4.83	3.12	2.35	5.41	1.30	2.80	2.39	4.92	4.26
July	.....	3.74	2.93	2.35	3.51	3.34	2.71	5.02	2.89	2.78	0.62	6.26
August	.....	3.67	3.10	3.82	5.67	6.41	3.40	2.68	2.31	4.95	2.38	3.17
September	.....	2.23	5.42	2.13	0.83	4.51	1.63	3.32	0.83	4.18	4.41	4.33
October	.....	3.85	3.66	7.38	4.33	6.03	2.19	3.44	2.69	4.10	4.94	2.51
November	.....	4.18	4.84	5.61	5.10	5.39	6.11	1.92	1.30	0.91	4.38	3.75
December	.....	1.05	2.91	4.55	7.67	4.24	3.25	5.35	2.01	6.55	3.73	3.07
Total		36.33	37.43	49.75	41.53	44.03	40.89	33.96	25.77	37.60	35.69	38.62

REPORT

of the City Veterinarian on the Work of his Department for the year 1936.

Dear Dr. Thomson,

I beg to submit my report on the work at the Belfast Municipal Abattoir in connection with the Ante-Mortem and Post-Mortem examinations of the animals slaughtered for human food.

Reference is also made to the work carried out under the Sanitary (Veterinary Inspectors) Order, 1909 and to visits made to the Balmoral Boys' School, Musgrave Park; Whiteabbey Sanatorium, Whiteabbey, and the different Butchers' Shops and Curing Establishments in the city.

TABLE 1.

1936	Cows	Heifers	Bulls	Bullocks	Calves	Sheep	Lambs	Goats	Pigs
January	2060	65	107	1948	294	4912	3590	82	715
February	1837	66	140	1727	213	4366	3005	96	855
March	1714	63	108	1833	229	4972	3571	81	642
April	1967	81	122	2044	188	5088	3345	114	639
May	1504	75	131	1560	157	4388	4580	109	662
June	1605	104	93	1645	95	4573	6256	103	803
July	1467	103	42	1464	116	3518	5676	36	445
August	1525	70	31	1567	135	4871	5679	54	774
September	1870	76	38	2068	176	4901	4992	37	761
October	1825	93	35	1930	219	4991	4347	121	849
November	1860	125	36	1978	183	5944	4946	106	885
December	2252	121	64	1968	165	5002	3558	79	835
Totals	21486	1042	947	21732	2170	57526	53545	1018	8856

Compared with 1935: Cattle show an increase during the year of 1,743, Sheep an increase of 1,123, Pigs a decrease of 4,632 and Goats a decrease of 103.

TABLE 2.

Table showing the number of carcasses condemned (from all causes) during the year 1936 as being unsound and unfit for human food.

Species.	1935	1936
Cows	538	567
Heifers	7	11
Bulls	3	4
Bullocks	24	50
Calves	42	41
Sheep and Lambs	132	178
Goats	8	12
Pigs	248	200
Totals	1002	1063

The percentage of animals condemned at the Public Abattoir (from all causes) during the year 1936 was .63%.

TABLE 3.

Table showing the different diseased conditions which involved seizure and total destruction of carcasses in the Public Abattoir during the year 1936.

	CATTLE					SHEEP LAMBS	GOATS	PIGS	TOTAL
	Cows	Heifers	Bulls	Bullocks	Calves				
Abscesses	.....	.....	.....	.....	.....	1	.....	2	3
Anaemia	.....	1	.....	.....	.....	1	.....	1	3
Artheritis	.....	.....	.....	.....	1	.....	.....	3	4
Congenital	.....	.....	.....	.....	1	.....	.....	.....	1
Decomposed	3	.....	.....	1	.....	9	.....	9	22
Dropsical	23	.....	.....	.....	3	36	12	17	91
Emaciated	28	.....	.....	.....	.....	9	.....	2	39
Enteritis	.....	.....	.....	.....	1	2	.....	1	4
Fevered	51	1	1	8	15	70	.....	74	220
Gangrene	3	.....	.....	.....	.....	1	.....	.....	4
Inflammation	.....	.....	.....	.....	.....	1	.....	.....	1
Injured	12	.....	.....	1	.....	5	.....	7	25
Jaundice	.....	.....	.....	.....	2	4	.....	5	11
Joint Ill	.....	.....	.....	.....	3	.....	.....	1	4
Neoplasms	32	.....	.....	.....	.....	4	.....	.....	36
(Cancer Sarcoma)									
Nephritis	2	.....	.....	.....	.....	.....	.....	1	3
Ostisuyllitis	1	.....	.....	.....	.....	1	.....	.....	2
Pericarditis	.....	.....	.....	1	.....	.....	.....	.....	1
Peritonitis	4	1	.....	1	.....	2	.....	1	9
Pleurisy	3	.....	.....	.....	.....	4	.....	14	21
Pneumonia	1	.....	.....	2	1	5	.....	2	11
Pyaemia	.....	.....	.....	.....	3	1	.....	7	11
Rea Water	5	.....	.....	2	.....	.....	.....	.....	7
Rheumatism	.....	.....	.....	.....	.....	1	.....	8	9
Septicaemia	26	1	1	3	12	21	.....	17	81
Septic Mastitis	1	.....	.....	.....	.....	.....	.....	.....	1
Septic Metritis	1	.....	.....	.....	.....	.....	.....	.....	1
Swine Fever	.....	.....	.....	.....	.....	.....	.....	3	3
Tuberculosis	371	7	2	31	1	.....	.....	20	432
Urticaria	.....	.....	.....	.....	.....	.....	.....	5	5
White Scour	.....	.....	.....	.....	1	.....	.....	.....	1
	567	11	4	50	44	178	12	200	1066

In addition to the above summary, there were 4 tons, 17 cwts, 0 qrs., 0 lbs. of Beef ; 1 cwt., 1 qr., 16 lbs. of Mutton and 2 tons, 11 cwts., 0 qrs., 26 lbs. of Pork seized as being unsound and unfit for human food.

TABLE 4.

Tables showing comparison between Tuberculosis and other diseases as causes of condemnation of carcasses of animals slaughtered at the Public Abattoir during the year 1936.

TUBERCULOSIS.

	Cattle.			Sheep Lambs	Goats	Pigs	Total
	Cows	Other Cattle	Calves				
Total Seizure	371	40	1	.....	.....	20	432
Partial Seizure	50	8	.....	.....	.....	.....	58
Total and Partial	421	48	1	.....	.....	20	490

OTHER DISEASED CONDITIONS.

		Cattle						
	Cows	Other Cattle	Calves	Sheep Lambs	Goats	Pigs	Total	
Total Seizure	196	25	43	178	12	180	634
Partial Seizure	22	16	.....	21	.....	170	229
Total and Partial	218	41	43	199	12	350	863

It will be seen from the above table that Tuberculosis in cattle is a most fruitful source of total seizure, accounting for about 65 per cent. of the seizures, as compared with other diseased conditions. Compared with 1934 this shows an increase of about 2 per cent.

Some indication of the losses from Tuberculosis borne annually by the meat trade may be obtained from the above figures which represent a cash value of roughly £50 per week.

TABLE 5.

Table showing the percentage by age of the animals slaughtered and condemned at the Public Abattoir during 1936 for Tuberculosis :—

SPECIES	BY AGE							
	From one month to one year	Per Cent	One to three years	Per Cent	From three to six years	Per Cent.	Over six years	Per Cent
Cows .....	.....	.....	.....	.....	.....	.....	371	100
Heifers .....	.....	.....	6	85.55	1	14.25	.....	.....
Bullocks .....	.....	.....	15	48.38	16	57.67	.....	.....
Bulls .....	.....	.....	.....	.....	1	500	1	50
Pigs	20	100	.....	.....	.....	.....	.....	.....
Calves	1	100	.....	.....	.....	.....	.....	.....

TABLE 6.

Table showing the percentage by condition of the animals slaughtered and condemned at the Public Abattoir for Tuberculosis during the year 1936.

SPECIES	BY CONDITION.							
	Good		Fair		Indifferent		Poor	
	Number	Per Cent	Number	Per Cent.	Number	Per Cent.	Number	Per Cent.
Cows	7	1.88	263	70.88	88	23.71	13	3.5
Heifers .....	.....	.....	7	100	.....	.....	.....	.....
Bulls .....	.....	.....	1	50.00	.....	.....	1	50
Bullocks	1	3.22	27	87.50	3	9.67	.....	.....
Calves .....	.....	.....	1	100.	.....	.....	.....	.....
Pigs	20	100	.....	.....	.....	.....	.....	.....

TABLE 7.

Table showing the number of Diseased Organs seized and destroyed as being unsound and unfit for human food during the year 1936 (the figures of the preceding year are given for comparison).

	1936	1935	Increase.	Decrease.
Beef :—				
Heads	174	174	.....	.....
Tongues	174	174	.....	.....
Hearts	170	167	3	.....
Lungs	2356	2427	.....	71
Livers	4746	5282	.....	536
Stomachs	234	233	1	.....
Udders	1673	1536	137	.....
Mesenteries & Intestines	332	345	.....	13
Omentum	218	235	.....	17
Diaphragm	50	32	18	.....
Kidneys	66	57	9	.....
MUTTON :—				
Hearts	4	17	.....	13
Lungs	80	17	63	.....
Liver	2030	2172	.....	142
Kidneys	6	3	3	.....
PORK :—				
Heads	314	600	.....	286
Tongues	314	600	.....	286
Hearts	78	269	.....	191
Lungs	232	988	.....	756
Liver	296	415	.....	119
Kidneys	6	18	.....	12
GOAT :—				
Liver	20	30	.....	10
Kidneys .....	.....	.....	.....	.....

The above does not include the viscera of animals totally destroyed.

It will be seen from the above table that the total number of Livers seized was 7,072, in the great majority of cases the cause of seizure was Cirrhosis due to Distomes. Compared with 1935 this shows a decrease of 827.

TABLE 8.

Table showing percentage incidence of Generalised Tuberculosis in animals slaughtered at the Public Abattoir during the year 1936.

		1936	1935
Cows	.....	1.26	1.72
Other Cattle	.....	.1	.09
Cattle (all classes)	.....	.9	.89
Calves	.....	.04	.04
Pigs	.....	.02	.31

INSPECTION OF MEAT PREPARED OUTSIDE THE CITY BOUNDARY.

According to Section (2) Sale of Meat Bye-Laws, every person bringing meat within the City for sale, shall bring such meat to the Public Abattoir, Stewart St., and there submit same for inspection between the hours of 8 a.m. and 10 a.m. To facilitate the trade a special Depot is provided.

(A) Table Showing Amount Examined.

	Beef	Mutton	Pork	Veal	Goat	Rabbit
Sides	1735	.....	.....	.....	.....	.....
Quarters	241	.....	.....	.....	.....	.....
Cuts	1744	29	.....	.....	.....	.....
Carcases	.....	3045	153	1	.....	.....
Heads	922	1035	.....	.....	.....	.....
Tongues	922	.....	.....	.....	.....	.....
Hearts	750	3119	.....	.....	.....	.....
Lungs	738	3036	.....	.....	.....	.....
Livers	891	2896	.....	.....	.....	.....
Mesenteries & Intestines	758	.....	.....	.....	.....	.....
Kidneys	2	.....	.....	.....	.....	.....
Tails	852	.....	.....	.....	.....	.....
Diaphragms	746	.....	.....	.....	.....	.....
Udders	16	.....	.....	.....	.....	.....

(B) Table Showing Amount Seized and Destroyed.

	Beef	Mutton	Pork	Veal	Goat	Rabbit
Sides	8	.....	.....	.....	.....	.....
Quarters	4	.....	.....	.....	.....	.....
Cuts	1	.....	.....	.....	.....	.....
Carcases	.....	7	25	.....	.....	.....
Heads	6	.....	.....	.....	.....	.....
Tongues	6	.....	.....	.....	.....	.....
Hearts	6	.....	.....	.....	.....	.....
Lungs	18	.....	.....	.....	.....	.....
Livers	49	34	.....	.....	.....	.....
Tails	3	.....	.....	.....	.....	.....
Diaphragms	5	.....	.....	.....	.....	.....
Udders	12	.....	.....	.....	.....	.....
Mesenteries	6	.....	.....	.....	.....	.....

INSPECTION OF PORK IN THE PORK MARKET.

TABLE C.

The following table shows the number of carcasses of Pork inspected and results.

Number Examined	Total Seizures	Partial Seizures	Cause of Seizure
2	—	—	—

INSPECTION OF BUTCHERS' SHOPS, PORK STORES and COLD STORES

During the year the Butchers' Shops, Pork Stores and Cold Stores within the City Boundary were visited regularly by the Food Inspectors. The following were surrendered as being unsound and unfit for human food and Justices' Orders obtained for their destruction :—

Carcasses of Pork	164
Sausage and Sausage Meat	11 lbs.
Hams	1 qr., 10 lbs.
Rabbits	65
Fish	2 tons, 12 cwts., 0 qrs., 15 lbs.
Bacon	12 lbs.
Livers (Ox)	1 lb.
Pork	1 qr., 2 lbs.
Fowl	93
Pig's Plucks	882
Beef	16 lbs.

In addition to the above a considerable number of small quantities of pickled meat on Butchers' and Provision Merchant's premises were found to be unsound and destroyed by the owner under the supervision of the Inspector.

The close collaboration between the Meat Inspectors at the Abattoir and the Food Inspectors who regularly visit the shops in the city make the system of food inspection—Individual and Detective—so perfect that a person might purchase meat or pork from any Butchers' or Provision Shop in the city and feel certain that it is sound.

HANDLING AND TRANSPORT OF FOOD.

During the year there has been considerable improvement in the method of conveying meat and offal from the Abattoir to the respective Butchers' Shops. Closer attention by the Inspectors to this important point has resulted in the carriers providing themselves with satisfactory covering for the meat during transit through the city. We are yet still far from the ideal method, namely closed or covered waggons.

INSPECTION OF COWSHEDS AND DAIRY COWS.

The approximate number of milch cows within the City Boundary is 991 and the total number of cowsheds on the register is 61. Compared with the previous year this shows a slight decrease in the number of cattle.

During the year 269 inspections were carried out, five (5) animals were reported under the Bovine Tuberculosis order (N.I.), 1926. A considerable number of cases of mastitis of non-tubercular origin were dealt with. The owners of such animals were forbidden to use the milk of these animals for human consumption and the animals were isolated as far as possible.

The cowsheds have been carefully inspected, paying particular attention to lighting, ventilation, drainage and water supply, and in a number of cases structural alterations were carried out with our approval. In practically every case the regulations relating thereto have been complied with.

During the year a number of producers of milk were transferred from the list of Grade C License Holders to that of Grade B, and two producers installed milking machines in their byres.

BALMORAL BOYS' SCHOOL.

The herd of cows maintained for the purpose of supplying the school with milk has been carefully inspected at monthly intervals during the year. The health of the herd has been satisfactory. The milking utensils have been kept in a sanitary condition and the feeding and general management of the herd leaves nothing to be desired.

CITY TRAMWAYS.

During the year several visits were made to the Hazelwood Estate. The diseased conditions met with were of a simple nature and require no special comment.

PURDYSBURN FEVER HOSPITAL.

Several visits were made during the year and one new horse purchased. The most of the work carried out was in the nature of preventive medicine.

WHITEABBEY SANATORIUM.

The only diseased condition met with during the year was one case of pneumonia in a pig.

PARKS COMMITTEE.

Veterinary attention was given during the year to the animals employed in the City Parks.

ABATTOIR.

There are no private Slaughter Houses in the City so that all animals slaughtered in Belfast for human consumption must be brought to the Public Abattoir.

The Abattoir is situated in Stewart Street, adjacent to the Cattle Market and Cattle Yards.

The Slaughter of Animals Act (N.Ireland), 1932, makes it compulsory for all animals slaughtered for human food to be stunned by means of a mechanically operated instrument and rendered insensible to pain until death supervenes.

The Abattoir is designed so that the slaughter of cattle, sheep and pigs is carried out in three different departments. The lairages for the different animals are quite convenient to the killing booths, yet the animals cannot see their fellows being slaughtered. The cooling halls are situated quite close to the slaughter halls and all carcasses can be easily conveyed there by means of an overhead rail system.

The cattle slaughter halls are a combination of the open hall and booth system.

The sheep unit consists of two extensive slaughter halls with lairages and cooling halls attached.

The pig unit is equipped with a singeing plant for those users engaged in the Wiltshire Trade.

An extensive cold storage plant is attached to the Abattoir, and during the summer months, this is utilized to a great extent by the trade.

According to the Bye-laws, all persons employed in the slaughtering and dressing of animals must be licensed and during the year 120 such licences were issued.

All the larger animals at the Abattoir are stunned by means of a Cork Captive Bolt Gun, prior to bleeding and in the case of the smaller animals an electrical apparatus, known as an Electroethaler is used.

To my colleague, Dr. Tinsdale, I am again deeply grateful for the considerable amount of laboratory work which he so kindly undertook on my behalf.

To my staff for their loyal support and manner in which they carried out their duties at all times, I say, thanks.

In concluding the foregoing summary of the year's work, I again, Sir, wish to acknowledge the many kindnesses you have shown me during the year and to thank you for the personal interest you have taken in my department.

Yours faithfully,

ALEX. McLEAN,

City Veterinarian and Manager of Abattoir

SALE OF FOOD AND DRUGS ACTS

Return showing particulars of Samples taken for analysis during the year ended 31st December, 1936.

Nature of Sample.	Samples taken	Adulterations	Prosecutions	Convictions	Discharged on Payment of Costs	Dismissed	Fines £ s. d
Arrowroot	2	.....	.....	.....	.....	.....
Asparagus (Tinned)	1	.....	.....	.....	.....	.....	—
Asparagus (tinned) (informal)	1	.....	.....	.....	.....	.....
Asprin Tablets	2	.....	.....	.....	.....	.....
Baking Powder	10	.....	.....	.....	.....	.....
Barley	9	.....	.....	.....	.....	.....
Barley (informal)	1	.....	.....	.....	.....	.....
Beans, Baked (Tinned)	2	.....	.....	.....	.....	.....
Beer	1	.....	.....	.....	.....	.....
Brawn	4	.....	.....	.....	.....	.....
Butter	132	6	4	3	1	.....	2 10 0
Butter (informal)	1	.....	.....	.....	.....	.....
Buttermilk	190	12	12	7	5	.....	6 10 0
Buttermilk (informal)	13	2	.....	.....	.....	.....
Cascara Sagrada Tablets	1	.....	.....	.....	.....	.....
Cheese	24	.....	.....	.....	.....	.....
Chemical Food	2	.....	.....	.....	.....	.....
Cherries, Glacé	2	.....	.....	.....	.....	.....
Chocolate (informal)	1	.....	.....	.....	.....	.....
Chocolate Extract (informal)	1	.....	.....	.....	.....	.....
Cinnamon, Ground	1	.....	.....	.....	.....	.....
Cocoa	15	.....	.....	.....	.....	.....
Cocoa, Malted	1	.....	.....	.....	.....	.....
Cod Liver Oil and Malt	1	.....	.....	.....	.....	.....
Cod Liver Oil and Malt (inf.)	1	.....	.....	.....	.....	.....
Coffee, Ground	2	.....	.....	.....	.....	.....
Coffee and Chicory, Ground	3	.....	.....	.....	.....	.....
Coffee and Chicory Essence	8	.....	.....	.....	.....	.....
Condensed Milk	5	.....	.....	.....	.....	.....
Condensed Milk (informal)	4	.....	.....	.....	.....	.....
Confectionery	8	.....	.....	.....	.....	.....
Cooking Fat	8	.....	.....	.....	.....	.....
Cooking Fat (informal);	1	.....	.....	.....	.....	.....
Cordial	1	.....	.....	.....	.....	.....
Corn Flour	3	.....	.....	.....	.....	.....
Corn (Sweet) (Tinned)	1	.....	.....	.....	.....	.....
Corned Beef (Tinned)	3	.....	.....	.....	.....	.....
Cream	5	.....	.....	.....	.....	.....
Cream of Tartar	7	.....	.....	.....	.....	.....
Custard Powder	2	.....	.....	.....	.....	.....
Dripping	35	1	1	1	.....	.....	1 0 0
Dripping (informal)	1	.....	.....	.....	.....	.....
Eggs (Tinned) (informal)	2	.....	.....	.....	.....	.....
Eggs, Frozen (Tinned) (inf.)	5	.....	.....	.....	.....	.....
Egg Glaze (informal)	1	.....	.....	.....	.....	.....
Egg, White Flaked (inf.)	1	.....	.....	.....	.....	.....
Egg, White Frozen (Tinned) (informal)	2	.....	.....	.....	.....	.....
Epsom Salts	6	.....	.....	.....	.....	.....
Farola	1	.....	.....	.....	.....	.....

(Continued)

Nature of Sample	Samples taken	Adulterations	Prosecutions	Convictions	Discharged on Payment of Costs	Dismissed	Fines £ s. d.
Fish (Tinned)	4	.....	.....	.....	.....	.....
Fish (Tinned) (informal)	3	.....	.....	.....	.....	.....
Flour, Self Raising)	4	.....	.....	.....	.....	.....
Fondant (informal)	1	.....	.....	.....	.....	.....
Fruit, Dried	27	.....	.....	.....	.....	.....
Fruit, Dried (informal)	4	.....	.....	.....	.....	.....
Fruit (Tinned)	7	.....	.....	.....	.....	.....
Fruit (Tinned) (informal)	13	.....	.....	.....	.....	.....
Gin	1	.....	.....	.....	.....	.....
Ginger, Ground	2	.....	.....	.....	.....	.....
Ginger Wine	1	.....	.....	.....	.....	.....
Ginger Wine Essence	3	.....	.....	.....	.....	.....
Glauber's Salt	1	.....	.....	.....	.....	.....
Glucose, Powdered	1	.....	.....	.....	.....	.....
Glycerine (informal)	1	.....	.....	.....	.....	.....
Honey	2	.....	.....	.....	.....	.....
Honey (informal)	1	.....	.....	.....	.....	.....
Ice Cream	3	.....	.....	.....	.....	.....
Ice Cream (informal)	7	.....	.....	.....	.....	.....
Iodine, Tincture of	1	.....	.....	.....	.....	.....
Jam	12	.....	.....	.....	.....	.....
Jam (informal)	3	.....	.....	.....	.....	.....
Jelly	2	.....	.....	.....	.....	.....
Lard	16	.....	.....	.....	.....	.....
Lard (informal)	1	.....	.....	.....	.....	.....
Lemon Cheese	1	.....	.....	.....	.....	.....
Liver Salts	4	.....	.....	.....	.....	.....
Magnesia, Citrate of	1	.....	.....	.....	.....	.....
Magnesia, Cream of	2	.....	.....	.....	.....	.....
Magnesia, Cream of (inf.)	1	1	.....	.....	.....	.....
Margarine	26	.....	.....	.....	.....	.....
Mince Meat (Sweet)	2	.....	.....	.....	.....	.....
Mineral Waters	3	.....	.....	.....	.....	.....
Mustard	5	.....	.....	.....	.....	.....
Neaves Food	1	.....	.....	.....	.....	.....
Oil, Castor	2	.....	.....	.....	.....	.....
Oil, Cod Liver	4	.....	.....	.....	.....	.....
Oil, Cotton Seed (inf.)	1	.....	.....	.....	.....	.....
Oil, Nut (informal)	1	.....	.....	.....	.....	.....
Oil, Olive	9	.....	.....	.....	.....	.....
Oil, Olive (informal)	1	.....	.....	.....	.....	.....
Ovaltine	1	.....	.....	.....	.....	.....
Ox Tongue	1	.....	.....	.....	.....	.....
Peas, Dried	2	.....	.....	.....	.....	.....
Peas (Tinned)	7	.....	.....	.....	.....	.....
Pepper	12	.....	.....	.....	.....	.....
Pickles	3	.....	.....	.....	.....	.....

Continued

Nature of Samples.	Samples taken	Adulterations	Prosecutions	Convictions	Discharged on Payment of Costs	Dismissed	Fines		
							£	s.	d.
Rice	10	.....	.....	.....	.....	.....
Rum	2	.....	.....	.....	.....	.....
Sago	1	.....	.....	.....	.....	.....
Salad Cream	1	.....	.....	.....	.....	.....
Sauce	17	.....	.....	.....	.....	.....
Sausages	17	.....	.....	.....	.....	.....
Sausage Meat	2	1	1	1	.....	.....	10	0	
Seidlitz Powder	1	.....	.....	.....	.....	.....
Semolina	1	.....	.....	.....	.....	.....
Shortening (informal)	2	.....	.....	.....	.....	.....
Soup (Tinned)	2	.....	.....	.....	.....	.....
Spaghetti (Tinned)	1	.....	.....	.....	.....	.....
Spice, Mixed	1	.....	.....	.....	.....	.....
Steak Mince	20	10	10	5	5	.....	3	5	0
Stuffing, Sage and Onion	2	.....	.....	.....	.....	.....
Suet, Flaked	1	.....	.....	.....	.....	.....
Suet, Shredded	2	.....	.....	.....	.....	.....
Sugar (informal)	2	.....	.....	.....	.....	.....
Sweetmilk	897	48	30	18	2	10	23	10	0
Sweetmilk (informal)	18	3	.....	.....	.....	.....
Sweetmilk for extraneous dirt (informal)	226	.....	.....	.....	.....	.....
Syrup, Golden	1	.....	.....	.....	.....	.....
Tablets Rheumatism (inf.)	1	.....	.....	.....	.....	.....
Tapioca (informal)	2	.....	.....	.....	.....	.....
Tea	27	.....	.....	.....	.....	.....
Tomato Juice (Tinned) (inf.)	1	.....	.....	.....	.....	.....
Treacle	4	.....	.....	.....	.....	.....
Vanilla Essence	1	.....	.....	.....	.....	.....
Vinegar	36	7	3	2	1	.....	1	2	6
Vinegar (informal)	5	1	.....	.....	.....	.....
Whiskey	4	.....	.....	.....	.....	.....
Wine	2	.....	.....	.....	.....	.....
Wine (informal)	4	.....	.....	.....	.....	.....
Yeast (informal)	1	.....	.....	.....	.....	.....
	2060	92	61	37	14	10	38	7	6

Cases of Adulteration in which no proceedings were taken.

In 2 cases of Butter, 18 of Sweetmilk and 4 of Vinegar, no proceedings were taken, but owners were cautioned.

In 2 cases of Buttermilk, 1 of Cream of Magnesia, 3 of Sweetmilk, and 1 of Vinegar, the samples were informal.

TABLE XIV.

Showing particulars of samples of sweetmilk taken for analysis during the year

Month.	Samples taken.	Average percentage.		Highest percentage of Fat with the percentage of solids (not of Fat).		Highest percentage of solids (not of Fat).		Lowest percentage of fat with the percentage of solids (not of Fat).		Lowest percentage of solids (not of Fat, with the percentage of Fat.	
		Fat.	Solids (not Fat).	Fat.	Solids (not Fat).	Fat.	Solids (not Fat).	Fat.	Solids (not Fat).	Solids (not Fat).	Fat.
January	85	3.57	8.83	5.30	8.87	2.30	9.58	1.40	8.93	7.14	3.60
February	94	3.66	8.87	6.40	8.97	4.00	9.84	1.65	9.00	8.14	2.90
March	62	3.49	8.87	4.65	8.83	4.10	9.42	2.50	8.92	8.39	3.20
April	58	3.53	8.85	7.10	8.76	5.00	9.26	2.55	8.59	6.78	3.40
May	65	3.48	8.90	5.15	8.45	3.60	9.32	2.50	8.93	8.23	2.60
June	67	3.37	8.93	4.80	9.00	2.70	9.30	2.10	9.02	8.22	3.90
July	51	3.58	8.80	5.10	8.89	3.60	9.29	2.30	8.64	7.70	3.10
August	81	3.73	8.72	7.00	8.37	3.40	9.44	2.70	8.44	7.53	5.50
September	77	3.74	8.85	6.20	9.00	3.20	9.64	2.70	8.18	7.82	3.30
October	86	3.84	8.90	6.00	8.78	3.60	9.64	3.00	8.72	8.42	3.60
November	102	3.85	8.82	5.70	8.81	4.00	9.32	2.50	6.90	6.90	2.50
December	87	3.77	8.90	5.80	8.88	3.70	9.54	2.70	8.66	6.70	3.10
	*915										

*—Including 18 Informal Samples.

Return showing shops, etc., visited during the year 1936 by the Inspectors
under the Sale of Food and Drugs Acts.

Description of Shops, Etc.	No. of Visits.
Butchers' Shops	2,775
Cold Stores	22
Confectionery Shops	1,478
Fish Shops	571
Fish and Chip Shops	627
Fruit Shops	1,771
Grocery Shops	6,148
Hawkers' Carts, Etc.	2,033
Ice Cream Shops	1,788
Jam Factories	1
Markets	180
Meat Factories	221
Pork Stores	326
Provision Shops	1,344
Railway Stations	32
Restaurants	477
Wholesale Stores	6
	<hr/> 19,800

SEIZURES.

Apples	10 lbs.
Bacon	12 lbs.
Beans (Tinned)	21 tins.
Beef	16 lbs.
Biscuits	25 lbs.
Cocoa and Milk	15 lbs.
Confectionery	8 lbs.
Cream (Tinned)	7 tins.
Fish	2 tons, 12 cwts., 0 qrs., 15 lbs.
Fish (tinned)	2 tins
Fowl	93
Fruit (Tinned)	260 tins.
Ham, Cooked	1 qr., 10 lbs.
Ham and Tongue (Tinned)	4 tins
Liver, Bovine	1
Margarine	8 lbs.
Oysters	1 cwt., 2 qrs.
Ox Tongue (Tinned)	1 tin
Peas (Tinned)	21 tins
Pigs Plucks	882
Pork	1 qr., 2 lbs.
Pork Carcases	164
Pork Ribs	2 cwts., 2 qrs., 14 lbs.
Rabbits	65
Sausages	11 lbs.
Tomatoes	1 qr., 20 lbs.

INFECTIOUS DISEASES.

The statistics for the year relating to the prevalence of infectious diseases were highly satisfactory. The number of notifications received was 4,837 compared with 11,480 in 1935. The decline in the number of cases was most marked in Scarlet Fever, Typhoid Fever and Measles. An epidemic of Whooping Cough increased the number of notifications from 337 in 1935 to 1,268 in 1936.

The number of Diphtheria notifications, although showing a decrease of 200 compared with 1935, was nevertheless over 1,000. This must be considered unsatisfactory and calls for methods of prevention such as immunisation, which is now available for children in the city.

The city was practically free from Typhoid Fever, only 21 cases being notified during the year. The milk borne epidemic of Typhoid during the autumn of 1935 did not affect the numbers of cases in 1936. It is unlikely that we shall again witness any large-scale epidemics of Enteric Fever such as was common in the early years of this century in Belfast, yet we may expect sporadic outbreaks for, although the major causes of Enteric Fever, such as polluted water supplies and bad sanitation have been largely eliminated, there still remain the more elusive and less easily controlled factors, such as carriers, contact infectors and contaminated foods (and in particular milk).

The Typhoid carrier is, in fact, probably the chief cause of such epidemic outbreaks as now occur. According to medical authorities on the subject of typhoid carriers, it would appear that the incidence of temporary carriers in convalescence is high, and due precautions should be taken during the convalescent period. Most of those who excrete bacilli for six months after acute attack of Enteric will continue to do so, and in those who still excrete bacilli after a year, the carrier state becomes chronic or permanent. Even more dangerous is the chronic carrier who has had no known attack or whose carrier state is intermittent. In Belfast we have three Typhoid carriers, who are kept under the surveillance of the Public Health Department. It is fortunate that none of these carriers are employed in the handling of food.

An outbreak of food poisoning occurred in August involving illness of about 60 children, who attended a Mission Entertainment. Happily, all the victims made a good recovery. Although the bacteriological findings in connection with this outbreak were inconclusive, yet there were strong reasons for believing that the source of infection was from foreign imported eggs, which formed one of the ingredients in pastries supplied at the entertainment.

INFECTIOUS DISEASES.

(52 Weeks, ended 26th December)

SCARLET FEVER.

1,811 cases of Scarlet Fever were notified during the year, but on investigation 59 were found not suffering from the disease. In addition to those notified 6 cases notified as Diphtheria were found to be suffering from Scarlet Fever, which made the total number that occurred during the year 1,758; an attack rate of 4.0 per 1,000 of the population.

The number of cases which occurred during the preceding year was 3,276, and the average number notified annually during the ten years 1926—1935 was 1,636.

13 deaths occurred, equivalent to a case mortality of 0.74 per cent. or a death rate of 0.03 per 1,000 of the population. The number of deaths in the preceding year was 37 and the average number annually during the ten years, 1926—1935 was 14.

DIPHTHERIA.

1,053 cases were notified, but on investigation 65 were found not suffering from the disease. In addition to those notified 3 cases notified as Scarlet Fever were found to be suffering from Diphtheria, which made the total number of cases that occurred during the year 991, an attack rate of 2.3 per 1,000 of the population.

The number of cases that occurred during the preceding year was 1,102, and the average number notified annually during the 10 years 1926—1935 was 656

38 deaths occurred, equivalent to a case mortality rate of 3.8 per cent. or a death rate of 0.09 per 1,000 of the population. The number of deaths in the preceding year was 55, and the average number annually during the 10 years 1926—1935 was 31.

TYPHOID FEVER.

21 cases were notified during the year, 3 of which were found not suffering from the disease, but 1 case, notified as Simple Continued Fever was found to be suffering from Typhoid Fever, which made the total number of cases that occurred 19, an attack rate of 0.04 per 1,000 of the population.

The number of cases which occurred during the preceding year was 114, and the average number notified annually during the 10 years 1926—1935 was 77.

1 death occurred, equivalent to a case mortality of 5.3 per cent. or a death rate of 0.002 per 1,000 of the population.

11 deaths occurred in the preceding year and the average number annually during the 10 years 1926—1935 was 5.

TABLE No. XV.

Shewing the annual death rate per 1,000 of the population from Typhoid Fever during the 20 years 1917—1936, also the average rate for quinquennial periods.

Year		Rate		Year		Rate
1917	.....	0.10	} 0.064	1927	.....	0.02
1918	.....	0.06		1928	.....	0.03
1919	.....	0.04		1929	.....	0.01
1920	.....	0.08		1930	.....	0.005
1921	.....	0.04		1931	.....	0.002
1922	.....	0.02	} 0.017	1932	.....	0.002
1923	.....	0.01		1933	.....	0.005
1924	.....	0.007		1934	.....	0.00
1925	.....	0.04		1935	.....	0.03
1926	.....	0.01		1936	.....	0.002

ERYSIPELAS.

135 cases were notified during the year, one of which was found on investigation not suffering from the disease, making the total number that occurred 134, an attack rate of 0.3 per 1,000 of the population.

The number of cases that occurred in the preceding year was 155, and the average number notified annually during the 10 years 1926—1935, was 112.

CEREBRO-SPINAL FEVER.

14 cases were notified during the year, 1 of which was found not suffering from the disease, making the total number of cases that occurred during the year 13, an attack rate of 0.03 per 1,000 of the population.

MEASLES AND WHOOPING COUGH.

During the year 531 cases of Measles and 1,268 cases of Whooping Cough occurred. In the preceding year there were 6,252 cases of Measles and 337 cases of Whooping Cough notified.

The number of deaths caused by measles was 7, equivalent to a death rate of 0.02 per 1,000 of the population. In the preceding year 251 deaths were caused by measles and the average number of deaths annually during the ten years 1926—1935 was 89. 64 deaths were caused by whooping cough, equivalent to a death rate of 0.15 per 1,000 of the population. The number of deaths in the preceding year was 22, and the average number registered annually during the ten years 1926—1935 was 65.

DIARRHOEA.

There were 229 deaths of children under 2 years of age caused by this disease during the year, equivalent to a death rate of 0.53 per 1,000 of the population.

The number of deaths that occurred during the preceding year was 249, and the average number of deaths annually during the 10 years 1926—1935 was 172.

PUERPERAL FEVER.

22 cases of this disease were notified. The number of cases notified during the preceding year was 31, and the average number notified annually during the 10 years 1926—1935 was 19.

TABLE XVI.

Shewing the rate per 1,000 of the population of cases of Infectious Diseases notified, pursuant to the Infectious Disease (Notification) Act, 1889, during the twenty years 1917—1936; also the average for the quinquennial periods.

Year	Rate		Year	Rate	
1917	2.7	4.6	1927	4.6	4.8
1918	2.0		1928	6.5	
1919	8.4		1929	3.6	
1920	6.5		1930	4.7	
1921	3.4		1931	4.7	
1922	3.5	4.5	1932	4.6	7.6
1923	3.4		1933	7.0	
1924	5.6		1934	8.9	
1925	5.3		1935	10.6	
1926	4.5		1936	7.0	

Measles and Whooping Cough are not included. Measles was made notifiable for one year from 1st January, 1931, under the Infectious Disease (Notification) Act, and on the 1st December, 1932, the Public Health (Notification of Measles and Whooping Cough) Northern Ireland Regulations, 1932 came into operation.

EPIDEMIC DISEASES.

398 deaths were caused by epidemic diseases during the year, equivalent to 6.4 per cent. of the total number of deaths from all causes, or a death rate of 0.9 per 1,000 of the population. During the preceding year the deaths from epidemic diseases numbered 690, equivalent to 11.1 per cent. of the total deaths, or a death rate of 1.7.

7, or 1.8 per cent. of the total deaths from epidemic diseases were caused by measles; 13 or 3.3 per cent. by scarlet fever; 64 or 16.1 per cent. by whooping cough; 38 or 9.5 per cent. by diphtheria; 229, or 57.5 per cent. by diarrhoea 46 or 11.6 per cent. by influenza and 1 or 0.3 per cent by Typhoid Fever.

TABLE XVII.

Shewing the annual death rate per 1,000 of the population from Epidemic Diseases during the twenty years 1917—1936; also the average rate for quinquennial periods.

Year	Rate		Year	Rate	
1917	1.1	1.5	1927	0.9	0.8
1918	1.8		1928	1.1	
1919	1.5		1929	0.9	
1920	1.5		1930	0.5	
1921	1.4		1931	0.7	
1922	0.6	1.1	1932	0.9	1.1
1923	1.2		1933	1.3	
1924	1.0		1934	0.8	
1925	1.3		1935	1.7	
1926	1.3		1936	0.9	

TABLE XVIII.

Shewing the number of deaths registered as having been caused by the principal Epidemic Diseases, also the annual rate of mortality per 10,000 of the population during the thirty-five years 1902-1936.

Year.	POPULATION.	Typhoid Fever		Typhus Fever		Small pox		Scarlet Fever		Simple Contin'd Fever		Diphtheria		Whooping Cough		Measles		Diarrhoea	
		Number of Deaths.	Annual Rate per 10,000	Number of Deaths.	Annual Rate per 10,000	Number of Deaths.	Annual Rate per 10,000	Number of Deaths.	Annual Rate per 10,000	Number of Deaths.	Annual Rate per 10,000	Number of Deaths.	Annual Rate per 10,000	Number of Deaths.	Annual Rate per 10,000	Number of Deaths.	Annual Rate per 10,000	Number of Deaths.	Annual Rate per 10,000
1902	360,000	169	4.7	3	0.08	1	0.03	15	0.4	12	0.3	66	1.8	208	5.8	349	9.7	204	5.7
1903	360,000	136	3.8	4	0.1	.....	.....	24	0.7	18	0.5	40	1.1	168	4.7	125	3.5	277	7.7
1904	360,000	111	3.1	6	0.2	8	0.2	21	0.6	8	0.2	28	0.8	260	7.2	196	5.4	251	7.0
1905	360,000	128	3.6	1	0.03	1	0.03	35	1.0	6	0.2	32	0.9	24	0.7	227	6.3	295	8.2
1906	366,220	90	2.5	3	0.08	.....	.....	26	0.7	9	0.2	41	1.1	331	9.0	29	0.8	376	10.3
1907	370,163	82	2.2	3	0.08	.....	.....	13	0.3	2	0.05	38	1.0	64	1.7	201	5.4	212	5.7
1908	380,344	57	1.5	10	0.26	.....	.....	4	0.1	2	0.05	33	0.9	137	3.6	186	4.9	260	6.8
1909	386,576	20	0.5	.....	.....	.....	.....	4	0.1	2	0.05	18	0.4	213	5.5	10	0.3	244	6.3
1910	391,167	18	0.5	1	0.03	.....	.....	18	0.5	5	0.1	27	0.7	259	6.6	504	12.9	241	6.2
1911	386,449	15	0.4	2	0.05	.....	.....	37	1.0	.....	.....	32	0.8	67	1.7	2	0.05	290	7.5
1912	391,974	17	0.4	2	0.05	.....	.....	48	1.2	.....	.....	37	0.9	217	5.5	171	4.4	159	4.1
1913	396,000	22	0.6	1	0.03	.....	.....	153	3.9	.....	.....	53	1.3	41	1.0	182	4.6	458	11.6
1914	399,000	26	0.7	11	0.3	.....	.....	168	4.2	.....	.....	31	0.8	205	5.1	205	5.1	457	11.5
1915	403,000	10	0.2	.....	.....	.....	.....	107	2.7	.....	.....	27	0.7	134	3.3	177	4.4	240	6.0
1916	390,000	19	0.5	4	0.1	.....	.....	52	1.3	.....	.....	28	0.7	120	3.1	191	4.9	236	6.1
1917	393,000	39	1.0	6	0.15	.....	.....	11	0.3	.....	.....	22	0.6	57	1.5	98	2.5	180	4.6
1918	393,000	25	0.6	3	0.08	.....	.....	12	0.3	.....	.....	30	0.8	317	8.1	111	2.8	205	5.2
1919	401,000	17	0.4	1	0.02	.....	.....	138	3.4	.....	.....	30	0.7	9	0.2	137	3.4	263	6.6
1920	413,000	34	0.8	9	0.2	.....	.....	94	2.3	.....	.....	45	1.1	84	2.0	132	3.2	223	5.4
1921	420,000	15	0.4	3	0.07	.....	.....	11	0.3	.....	.....	31	0.7	222	5.3	17	0.4	279	6.6
1922	425,000	7	0.2	.....	.....	.....	.....	12	0.3	.....	.....	43	1.0	16	0.4	33	0.8	152	3.6
1923	429,000	4	0.09	.....	.....	.....	.....	26	0.6	.....	.....	24	0.6	182	4.2	126	2.9	154	3.6
1924	434,000	3	0.07	.....	.....	.....	.....	57	1.3	.....	.....	23	0.5	89	2.0	83	1.9	166	3.8
1925	438,000	18	0.41	.....	.....	.....	.....	49	1.1	.....	.....	38	0.9	99	2.3	167	3.8	203	4.6
1926	416,000	6	0.1	.....	.....	.....	.....	12	0.3	.....	.....	44	1.1	46	1.1	132	3.2	287	6.9
1927	416,000	8	0.2	.....	.....	.....	.....	10	0.2	.....	.....	30	0.7	117	2.8	1	0.02	195	4.7
1928	415,151	13	0.3	1	0.02	.....	.....	21	0.5	.....	.....	16	0.4	50	1.2	169	4.1	196	4.7
1929	415,151	4	0.1	.....	.....	.....	.....	8	0.2	.....	.....	19	0.5	138	3.3	77	1.9	149	3.6
1930	415,151	2	0.05	.....	.....	.....	.....	7	0.2	.....	.....	22	0.5	65	1.6	6	0.1	116	2.8
1931	415,151	1	0.02	.....	.....	.....	.....	13	0.3	.....	.....	13	0.3	32	0.8	133	3.2	100	2.4
1932	415,151	1	0.02	.....	.....	.....	.....	10	0.2	.....	.....	19	0.5	102	2.5	30	0.7	151	3.6
1933	415,151	2	0.05	.....	.....	.....	.....	11	0.3	.....	.....	47	1.1	33	0.8	78	1.9	165	4.0
1934	415,151	.....	.....	.....	.....	.....	.....	11	0.3	.....	.....	43	1.0	49	1.2	18	0.4	111	2.7
1935	415,151	11	0.3	.....	.....	.....	.....	37	0.9	.....	.....	55	1.3	22	0.5	251	6.0	249	6.0
1936	436,000	1	0.02	.....	.....	.....	.....	13	0.3	.....	.....	38	0.9	64	1.5	7	0.2	229	5.3

TABLE XIX.

Showing the number of cases of infectious diseases notified during the ten years 1927-1936,
pursuant to the Infectious Disease (Notification) Act, 1889.

	Typhus Fever	Typhoid Fever	Scarlet Fever	Continued Fever	Diph- theria	Mem- branous Croup	Small Pox	Cerebro- Spinal Meningitis	Polio- myelitis	Puerperal Fever	Erysipe- las	Relapsing Fever	Encephal- itis Lethargica
1927	168	1113	1	484	2	.....	10	4	20	85	.....	8
1928	3	186	1783	1	628	1	.....	7	1	14	84	.....	1
1929	76	721	2	484	1	.....	11	1	23	122	.....	5
1930	32	1132	---	618	.....	.....	24	9	20	109	.....	2
1931	53	1169	.....	562	.....	.....	20	2	15	110	.....	3
1932	33	1302	.....	425	.....	.....	9	.....	6	126	.....	.....
1933	10	2154	.....	625	.....	.....	14	10	9	100	.....	1
1934	12	2599	.....	933	1	.....	12	2	20	111	.....	.....
1935	117	3394	.....	1201	.....	.....	19	22	31	155	.....	1
1936	21	1811	1	1053	.....	.....	14	2	22	135	.....	.....

TABLE XX.

Showing by Dispensary Districts the number of cases of Infectious Diseases notified pursuant to the Infectious Disease (Notification) Act, 1889, also the total number of cases of Measles and Whooping Cough notified pursuant to the Public Health (Notification of Measles and Whooping Cough) Northern Ireland Regulations, 1932.

DISTRICT.	Typhus Fever.	Typhoid Fever.	Scarlet Fever.	Simple Continued Fever.	Puerperal Fever.	Relapsing Fever.	Smallpox.	Diphtheria.	Membrane- ous Croup.	Erysipelas.	Cerebro- Spinal Meningitis.	Polio- mye- litis.	Encephalitis Lethargica.	Total.
1. Dock	70	.....	.....	.....	.....	27	.....	7	.....	1	.....	105
2. Duncairn	4	220	.....	4	.....	.....	113	.....	20	.....	—	.....	361
3. Shankill	2	262	.....	1	.....	.....	125	.....	15	3	.....	.....	408
4. Workhouse	1	154	1	3	.....	.....	100	.....	21	3	.....	.....	283
5. Millfield	2	44	.....	.....	.....	.....	33	.....	4	1	.....	.....	84
6. College	2	99	.....	.....	.....	.....	52	.....	14	.....	.....	.....	167
7. Greencastle	38	.....	.....	.....	.....	28	.....	.....	.....	.....	.....	66
8. Ligoniel	1	45	.....	.....	.....	.....	20	.....	2	.....	.....	.....	68
9. Falls	1	148	.....	7	.....	.....	66	.....	6	4	.....	.....	232
10. Woodvale	2	190	.....	2	.....	.....	81	.....	9	.....	.....	.....	284
11. Ravenhill	213	.....	1	.....	.....	104	.....	13	.....	.....	.....	331
12. Ballymacarrett	1	109	.....	1	.....	.....	97	.....	12	.....	1	.....	221
13. Ballyhackamore	2	104	.....	1	.....	.....	100	.....	3	1	.....	.....	211
14. Ballymaghan
15. Central	1	54	.....	1	.....	.....	37	.....	7	1	.....	.....	101
16. Pottinger	2	61	.....	1	.....	.....	70	.....	2	1	.....	.....	137
Total	21	1,811	1	22	.....	.....	1,053	.....	135	14	2	.....	3,059

Measles - 510. Whooping Cough - 1,268.

TABLE XXI.

Showing by age periods and sexes the number of cases of Infectious Diseases notified, pursuant to the Infectious Disease (Notification) Act, 1889.

DISEASE.	Under 1 Year.		1 Year and under 2 Years		2 Years and under 5 Years		5 Years and under 10 Years		10 Years and under 15 Years		15 Years and under 20 Years		20 Years and under 25 Years		25 Years and under 45 Years		45 Years and under 65 Years		65 Years and upwards.		Age unknown		Total No. Males.	Total No. Females	Grand Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F						
Typhus Fever																										
Typhoid Fever							5			3					4					1			5	16	21	
Scarlet Fever	12	8	53	56	252	257	366	407	107	123	26	27	15	27	22	43	2	5			1	2	856	955	1,811	
Simple Fever																								1	1	
Puerperal Fever																								22	22	
Relapsing Fever																										
Smallpox																										
Diphtheria	10	14	18	19	100	96	206	230	94	112	18	49	9	23	16	32	2	3			1	1	474	579	1,053	
Membraneous Crup																										
Erysipelas	3	4	2			3			1	5		3	4	8	19	27	20	19		3	8	4	2	56	79	135
Cerebro-Spinal Meningitis	3		1	2	3	2	2			1													7	7	14	
Polomyelitis		1				1																		2	2	
Encephalitis Lethargica																										
Ttal	28	27	74	77	355	359	572	644	202	244	44	80	28	69	61	118	24	30	4	8	6	5	1,398	1,661	3,059	

INFECTIOUS DISEASES.

NOTIFICATIONS.

TABLE XXII.

Showing the number of Cases notified under the Infectious Disease (Notification) Act, 1889, and the Notification of Measles and Whooping Cough (Northern Ireland) Regulations, 1932, during each of the four quarters of the year.

DISEASE.	Quarter Ended				TOTAL
	28th Mar., 1936	27th June, 1936	26th Sept. 1936	26th Dec., 1936	
Typhus Fever	.....	.....	.....	.....	.....
Typhoid Fever	5	4	8	4	21
Scarlet Fever	643	442	343	383	1,811
Simple Fever	.....	.....	1	.....	1
Puerperal Fever	13	5	2	2	22
Relapsing Fever	.....	.....	.....	.....	.....
Smallpox	.....	.....	.....	.....	.....
Diphtheria	335	242	179	297	1053
Membranous Croup	.....	.....	.....	.....	.....
Erysipelas	54	23	18	40	135
Cerebro Spinal Meningitis	5	3	3	3	14
Poliomyelitis	.....	.....	.....	2	2
Encephalitis Lethargica	.....	.....	.....	.....	.....
Measles	215	242	41	12	510
Whooping Cough	331	512	296	129	1,268
Total	1,601	1,473	891	872	4,837

CORRECTED DIAGNOSIS FOR 1936.

3 cases notified as Typhoid Fever, 59 as Scarlet Fever, 1 as Simple Continued Fever, 65 as Diphtheria, 1 as erysipelas, 1 as Cerebro-Spinal Meningitis and 2 as poliomyelitis were found not suffering from the diseases notified. Of these 3 cases notified as Scarlet Fever were found to be suffering from Diphtheria, and 21 cases notified as Scarlet Fever were found to be suffering from Measles; 6 cases notified as Diphtheria were found to be suffering from Scarlet Fever and 1 case notified as Simple Continued Fever was found to be suffering from Typhoid Fever. The remainder were not suffering from any notifiable infectious disease.

TABLE XXIII.

Shewing the number of deaths from Cancer and other Tumours for the year 1936 as compared with the preceding 5 years.

Year.	1	2	3	4	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	and over	Grand Total		
Under 1	2	3	4	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85			M	F	Total
1936	.....	1	.....	.....	1	2	.....	4	10	11	13	34	38	70	82	97	106	77	42	24	9	271	350	621
1931	.....	.....	.....	2	1	1	4	1	5	8	22	24	37	60	79	89	76	57	46	11	.....	243	280	523
1932	.....	1	.....	.....	1	1	1	2	3	5	17	35	33	44	73	89	102	71	38	16	1	228	305	533
1933	.....	1	1	1	.....	1	1	7	4	11	19	18	54	58	84	83	75	70	32	16	4	249	292	541
1934	1	2	.....	1	1	3	3	2	5	10	14	36	28	58	79	103	71	70	39	11	7	249	297	546
1935	1	1	.....	.....	1	.....	3	1	2	8	16	18	40	55	66	91	93	72	33	7	5	230	281	511
Totals	2	4	4	1	4	6	12	13	19	42	88	131	192	275	381	455	417	340	188	61	15	1,199	1,455	2,654	

It will be seen from the above table that the average number of deaths registered annually as having been caused by Cancer and other Tumours during the quinquennial period 1931 to 1935 was 531 (240 males and 291 females).

PRECAUTIONS TAKEN TO PREVENT THE SPREAD OF INFECTION

In order to prevent the spread of infection, every house in which infectious disease has occurred is thoroughly disinfected immediately after the receipt of notification of the disease. The bedding, clothing, etc., of the patient and all other articles likely to retain infection are removed to the Disinfecting Station, Laganbank Road, and subjected to steam under pressure.

If it is considered that the patient could not be properly isolated from other members of the family, or that the accommodation in the house is not adequate for successful treatment, removal of the patient to hospital is insisted upon. In cases where home treatment is permitted instructions are given as to the precautions to be taken to prevent the spread of infection and periodical visits are made to ensure that the instructions are being carried out.

Disinfectants are supplied free of cost to every applicant in whose home infectious disease has occurred and also to those whom it is considered are not in a position to purchase same.

Exhaustive enquiries are made with a view to the discovery of the origin of the disease. The sanitary arrangements are carefully examined; the drains if suspected are tested; investigations are made with respect to the milk supply; enquiries are made as to whether any food of a deleterious nature, such as contaminated shellfish, unsound or unwholesome fruit, etc., has been eaten, in fact anything which it is considered might form a possible clue to the source of infection is carefully investigated.

LIBRARY BOOKS.

During the year a number of volumes belonging to the Central and Branch Public Libraries were taken by the officers of the Department from houses in which infectious diseases occurred, and withdrawn from circulation. The books of other libraries were disinfected and returned if the owners did not consent to the destruction of same.

DISINFECTING STATION.

The work undertaken at the Disinfecting Station includes :—

The disinfecting of bedding and clothing from houses where cases of Infectious Diseases have occurred.

The personal bathing and the disinfecting of the clothing of persons who have been in contact with Infectious Diseases, and whose business includes the handling of food-stuffs.

The bathing of verminous persons and the cleansing and disinfection of their clothing.

The delivery once per month of a quantity of disinfectants to each non-transferred Public Elementary School in the City.

The disinfection of clothing, etc., intended for export to the Irish Free State, for which service a small charge is made.

The cleansing of Emigrants who have failed to pass the United States Medical Inspection at the port, and the disinfection by steam or otherwise of all their baggage is also undertaken. For this service the various Shipping Companies are charged a fee of £10 for the use of the plant and staff on each occasion, plus a charge of 5/- per person dealt with.

TABLE XXIV
SUMMARY OF THE WORK DONE AT THE DISINFECTING STATION DURING THE YEAR
and by the Motor Vans used in connection therewith

Work done by Motor Vans.					No. of Articles Disinfected for	No. of Bottles of dilute Disinfectants issued free to Poor Persons	Disinfection of Persons				Vermineous Houses Sprayed		Library Books taken from Infected Dwelling Houses			Free School Books Taken from Infected Dwelling Houses and Destroyed							
Number of calls at		Gallons of Motor Spirit used	Average Miles per Gallon	No. of calls re other work			Infectious Disease	Export to Irish Free State	Bathed	Sprayed		Vermineous Persons Bathed	Public Library Books Destroyed	Private Library Books Disinfected and returned	School Library Books Destroyed								
Infected Dwelling Houses	P. E. Schools				Mileage	721				11,465	852					12.3	486	M.	F.	M.	F.	180	64	197	159	16	35	22	341	199	2	45
6,126						18,166	2,535																

TABLE XXV.
DISINFECTANTS
IN STOCK AND RECEIVED DURING THE YEAR

Disinfectant	Civic Fluid	Formalin	Paraffin Oil	Crude Oil	Petroleum Fluid	Izal	Sulphur Candles	Carbolic Acid	Insect Oil Bulk	Insect Oil Tins	Solution "D"	Pine Spray	Liquid Soap
In Stock Dec. 28th, 1935	Gals. 325½	Gals. 9	Gals. 227	Gals. 259½	Gals. 2,800	Gals. 17½	Cakes 21	Gal. 1	Gals. 13	Gals. 432	Gals. 4	Gals. 19	Gals. 10
Received during the year 1936	280	.....	2,210	360	.....	20	72	.....	140	432	.....	.....	.....
Total	605½	9	2,437	619½	2,800	37½	93	1	153	432	4	19	10

TABLE XXVI.
DISTRIBUTION OF DISINFECTANTS.

Public Elementary Schools	226	.....	.....	.....	.....	24½	8	.....	½	.....	.....	.....	.....
Disinfection of Houses	3	.....	.....	.....	.....	.....	6	.....	.....	.....	.....	.....	4
Disinfecting Station	4½	.....	22	.....	2	.....	.....	.....	.....	.....	.....	.....	.....
Drain Testing	34	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Vermineous Houses	.....	.....	.....	.....	.....	.....	.....	.....	152½	98	2	.....	.....
Mosquito Control	126	.....	2281½	513	2,790	.....	.....	.....	.....	.....	.....	.....	.....
City Surveyors Dept.	1	.....	.....	.....	.....	.....	12	.....	.....	.....	.....	.....	.....
Cleansing Department	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Child Welfare Centres	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Municipal Laboratory	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Abattoir	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Free Distribution	82½	.....	.....	.....	.....	4	.....	.....	.....	.....	.....	.....	.....
Total	520	2	2,303½	513	2,792	28½	26	.....	153	98	3	.....	5
In Stock Jan. 2nd, 1937	85½	7	133½	106½	8	9½	67	1	.....	334	1	19	5

COUNTY BOROUGH OF BELFAST.

**SCHEME FOR THE
TREATMENT OF VENEREAL DISEASES.**

Patients desiring treatment under the scheme may apply and attend at any of the following hospitals, infirmaries or institutions that they may choose for the purpose, viz. :—The Royal Victoria Hospital, the Mater Infirmorum Hospital, and the Belfast Union Hospital ; at which there is available confidential treatment for all classes of the community, free of cost and irrespective of the means or place of residence of the patient including, as regards all these institutions, hospital accommodation for cases that cannot be properly treated at an out-patient department, or dispensary, or other clinic, and as regards the two first mentioned, accommodation for treatment at an out-patient department, in accordance with the following :—

Days and times at which treatment is available—

Royal Victoria Hospital.—Daily from 9 till 11 a.m. (Sundays excepted), and evening clinic on Mondays to Saturdays (inclusive), from 6-15 till 6-45 p.m.

Mater Infirmorum Hospital.—Tuesdays and Saturdays, from 9-30 till 11-30 a.m., and Thursdays, from 8 till 10 p.m.

Union Infirmery.—Daily, from 11 a.m. for admissions (Bed patients only).

VENEREAL DISEASES.

Statement showing the services rendered at the Treatment Centre at Royal Victoria Hospital, Belfast, during the year ended 31st March, 1937, classified according to the areas in which the patients resided.

Name of County or County Borough.	Belfast.	Co. Down.	Co. Antrim.	Co. Armagh.	Co. Derry.	Co. Tyrone.	Co. Fermanagh.	Co. Donegal.	Port.	Total.
A. Number of Cases from each area dealt with during the year for the first time and found to be suffering from :—										
Syphilis	364	12	24	1	3	1	1	.....	16	422
Gonorrhoea	359	19	19	4	1	2	.....	.....	20	424
Soft Chancre	3	1	.....	.....	.....	.....	.....	.....	1	5
Conditions other than Venereal	2,241	6	3	.....	1	.....	.....	.....	5	2,256
Total	2,967	38	46	5	5	3	1	.....	42	3,107
B. Total number of attendances of all patients residing in each area	27,785	1,336	1,345	131	118	37	1	2	175	30,930
C. Aggregate number of " Inpatient days " of all patients residing in each area	787	211	105	25	158	.....	.....	.....	22	1,308
D. Number of doses of arseno-benzol compounds given in the : 1. Out-Patient Clinic. 2. In-Patient Dept. to patients residing in each area	7,800	538	813	52	130	34	1	.....	98	9,466
	123	6	16	7	25	7	1	7	10	202

VENEREAL DISEASES.

Return relating to all Persons who were treated at the Treatment Centre at Royal Victoria Hospital, Belfast, during the year ended 31st March, 1937.

	Syphilis.		Gonorrhoea.		Soft Chancre.		Conditions other than Venereal.		Total.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1. Number of cases which :— (a) at the beginning of the year under report were under treatment or observation for (b) had been marked off in a previous year as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report suffering from the same infection	2,184	957	1,967	48	30	—	—	—	4,181	1,005
Total—Items 1 (a) and (b)	190	79	127	—	—	—	—	—	317	79
2. (a) Number of cases dealt with at the Treatment Centre during the year for the first time	2,374	1,036	2,094	48	30	—	—	—	4,498	1,084
Total—Items 1 (a), 1 (b) & 2 (a)	276	146	420	4	5	—	1,339	917	2,040	1,067
2. (b) Number of cases included in Item 2 (a) known to have received previous treatment at other Centres for the same infection	2,650	1,182	2,514	52	35	—	1,339	917	6,538	2,151
3. Number of cases which ceased to attend (a) before completing the first course of treatment for (b) after 1 or more courses, but before completion of treatment for (c) after completion of treatment, but before final tests as to cure of	15	9	15	2	—	—	—	—	3	11
4. Number of cases transferred to other Treatment Centres after treatment for	60	48	75	—	—	—	—	—	135	48
5. Number of cases discharged after completion of treatment and observation for	27	12	13	—	—	—	—	—	40	12
6. Number of cases which, at the end of the year under report, were under treatment or observation for	—	—	—	—	—	—	—	—	—	—
Total—Items 3, 4, 5 and 6	2,559	1,122	2,405	52	35	—	—	—	4,999	1,174
7. Out-patient attendances :— (a) For individual attention by the Medical Officer (b) For intermediate treatment, e.g., irrigation, dressings, etc.	2,650	1,182	2,514	52	35	—	—	—	5,199	1,234
Total Attendances	213	13	17,058	—	—	—	—	—	—	—
8. Aggregate number of "Inpatient days" of treatment given to persons who were suffering from	282	191	778	57	—	—	—	—	1,060	248

VENEREAL DISEASES.

Statement showing the services rendered at the Treatment Centre at Mater Infirmorum Hospital, Belfast, during the year ended 31st March, 1937 classified according to the areas in which the patients resided.

Name of County or County Borough.	Belfast.	Port.	Co. Antrim.	Co. Down	Co. Derry.	Co. Fermanagh	Co. Tyrone	Total.
A. Number of cases from each area dealt with during the year for the first time and found to be suffering from :—								
Syphilis	108	6	14	15	6	1	1	151
Gonorrhoea	172	4	6	8	.....	.....	.....	190
Soft Chancre	7	1	1	.....	.....	.....	.....	9
Conditions other than Venereal	359	.....	.....	.....	.....	.....	.....	359
Total	646	11	21	23	6	1	1	709
B. Total number of attendances of all patients residing in each area	6,301	36	226	258	157	1	4	6,983
C. Aggregate number of " Inpatient days " of all patients residing in each area	160	.....	.....	5	116	13	.....	294
D. Number of doses of arseno- benzol compounds given in the : 1. Out-Patient Clinic 2. In-Patient Dept. to patients residing in each area	1,788 57	10	74	91 1	149 30	..... 4	4	2,116 92

VENEREAL DISEASES.

Return relating to all Persons who were treated at the Treatment Centre at Mater Infirmerum Hospital, Belfast, during the year ended 31st March, 1937.

	Syphilis.		Gonorrhoea.		Soft Chancre.		Conditions other than Venereal.		Total.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1. Number of cases which .— (a) at the beginning of the year under report were under treatment or observation for (b) had been marked off in a previous year as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report suffering from the same infection	244	54	166	16	7	—	15	3	432	73
Total—Items 1 (a) and (b)	284	59	186	16	7	—	15	3	492	78
2. (a) Number of cases dealt with at the Treatment Centre during the year for the first time	115	26	184	15	10	—	210	149	519	190
Total—Items 1 (a), 1 (b) and 2 (a)	399	85	370	31	17	—	225	152	1,011	268
2. (b) Number of cases included in Item 2 (a) known to have received previous treatment at other Centres for the same infection	19	6	44	—	—	—	—	—	63	6
3. Number of cases which ceased to attend (a) before completing the first course of treatment for (b) after 1 or more courses, but before completion of treatment for (c) after completion of treatment, but before final tests as to cure of	42	18	48	3	—	—	—	—	90	21
4. Number of cases transferred to other Treatment Centres after treatment for	27	9	12	3	—	—	—	—	39	12
5. Number of cases discharged after completion of treatment and observation for	38	2	61	—	—	—	—	—	99	2
6. Number of cases which, at the end of the year under report, were under treatment or observation for	10	—	14	—	—	—	—	—	24	—
	45	16	84	14	12	—	—	—	141	30
	237	40	151	11	5	—	24	5	417	56
Total—Items 3, 4, 5 and 6	399	85	370	31	17	—	24	5	810	121
7. Out-patient attendances :— (a) For individual attention by the Medical Officer (b) For intermediate treatment, e.g., irrigation, dressings, etc.	1,855	569	1,225	68	26	—	240	165	3,346	802
Total Attendances	1,855	569	4,038	82	34	—	240	165	6,167	816
8. Aggregate number of "Inpatient days" of treatment given to persons who were suffering from	202	92	—	—	—	—	—	—	202	92

PURDYSBURN FEVER HOSPITAL.

To the Chairman and Members of the Public Health Committee.
Gentlemen,

I have the honour to present to you the following report on the working of Purdysburn Fever Hospital for the year 1936 (52 weeks ended 26th December, 1936).

3,093 cases were admitted during this period, there remained from the previous year 445, making a total of 3,538 cases under treatment.

3,298 of these were treated to a conclusion, leaving 240 cases in hospital at the end of the year.

The number of admissions in the previous year had been 4,739 and the average number of admissions in the previous five years 3,104.

TABLE I.

Showing the classification of the cases and the mortality in cases treated to a conclusion.

Disease.	Remain- ing on 28-12-35	Admitted during year	Total	Remain- ing on 26-12-36	Nett.	Died.	Mortality % calculated on cases treated to a conclusion
Enteric { Typhoid	7	21	28	4	24	1	4.16
Para A .....	.....	.....	.....	.....	.....	.....	.....
Para B .....	.....	7	7	.....	7	.....	0.00
Typhus .....	.....	.....	.....	.....	.....	.....	.....
Scarlatina	315	1814	2129	131	1998	8	0.40
Diphtheria	112	994	1106	97	1009	30	2.97
Diphtheria Carrier .....	.....	.....	.....	.....	.....	.....	.....
Cerebro-Spinal Fever	1	15	16	1	15	4	26.66
Pneumonia .....	.....	2	2	.....	2	.....	0.00
Tuberculous Meningitis	1	1	2	.....	2	2	100.00
Other Diseases	9	232	247	7	234	19	8.12
Quarantine .....	.....	7	7	.....	7	.....	0.00
Epidemic Encephalitis .....	.....	.....	.....	.....	.....	.....	.....
Acute Poliomyelitis .....	.....	.....	.....	.....	.....	.....	.....
Smallpox .....	.....	.....	.....	.....	.....	.....	.....
Totals	445	3,093	3,538	240	3,298	64	1.94
Comparative Numbers							
In 1935.	383	4,739	5,122	445	4,677	134	2.87

ENTERIC FEVER.

28 cases of Enteric were admitted during the year. These included 21 cases of Typhoid and 7 cases of Paratyphoid B.

There were no cases of Paratyphoid A.

7 cases remained from the previous year, 4 remained at the end of this year so that 31 cases were treated to a conclusion.

Total enterics 31 of whom 1 died; case mortality 3.22 per cent.

Of the 28 admissions 23 came from the city and 5 from outside the city boundary.

In the previous year the admissions numbered 144.

The average number of admissions in the previous five years was 50.

TABLE II.

Showing the case mortality in age periods in Typhoid (B. Typhosus).

Ages		Cases.	Died.	Mortality per cent.
Under	5 years	0	0	—
5—10	„	7	0	0.00
10—20	„	8	1	12.50
20—30	„	3	0	0.00
Over	30 „	6	0	0.00
Totals		24	1	4.16

There was no mortality in Paratyphoid B.

TABLE III.

Showing the number of Enteric cases admitted in each month.

January	.....	1	July	.....	.....	3
February	.....	2	August	.....	.....	3
March	.....	1	September	.....	.....	7
April	.....	1	October	.....	.....	1
May	.....	2	November	.....	.....	1
June	.....	3	December	.....	.....	3

DIPHTHERIA.

994 cases were admitted during the year, making with 112 cases remaining from the previous year 1,106 cases under treatment

97 cases remained at the end of the year.

1,009 cases were treated to a conclusion, with 30 deaths, giving a case mortality of 2.97 per cent.

Of the 30 fatal cases of Diphtheria 2 died within 6 hours of admission to hospital, 1 other within 12 hours, and 1 other within 48 hours.

The 30 fatal cases were nearly all late in coming under treatment, they had, on the average, reached the 5th day of illness when admitted.

All fatal cases showed albuminuria, and the following were the causes of death:-

Myocarditis	16.
Toxaemia	7.
Paralysis	2.
Operative	5.

The average stay in hospital of the cases which recovered was 34 days.

Of the 994 cases admitted, 942 came from the city and 52 from outside the city boundary.

In the previous year the admissions numbered 1074.

The average number of admissions in the previous five years was 667.

TABLE IV.

Showing the case mortality in age periods.

Ages.		Cases.	Died.	Mortality per cent.
Under 1 year	.....	18	0	0.00
1—2 years	.....	76	7	7.89
2—5	„	210	5	2.38
5—10	„	416	15	3.61
10—20	„	219	3	1.37
20—30	„	50	1	2.00
Over 30	„	20	0	0.00
Totals	.....	1009	30	2.97

LARYNGEAL DIPHTHERIA.

36 cases required operative interference for laryngeal obstruction. All cases were treated by intubation of the larynx (O'Dwyer).

5 of these cases ended fatally giving a mortality of 13.88%

TABLE V.

Showing results in age periods in cases in which intubation of the larynx was performed.

Ages.		Cases.	Died.	Mortality. per cent.
Under 1 year	.....	1	0	0.00
1—2 years	.....	11	5	45.45
2—3	„	4	0	0.00
3—4	„	7	0	0.00
4—5	„	3	0	0.00
Over 5	„	10	0	0.00
Totals	.....	36	5	13.88

2 of these cases also required tracheotomy, one recovered.

DIPHTHERIA CARRIER

There were no admissions of Diphtheria Carriers during the year.

CEREBRO SPINAL FEVER.

15 cases of Cerebro Spinal Fever were admitted during the year. There was one case remaining from the previous year and one case remained in hospital at the end of the year so that 15 cases were treated to a conclusion. Of these 4 died, giving a case mortality of 26.66 per cent.

In the previous year the admissions numbered 14.

The average number of admissions in the previous five years was 16.

TABLE VI.
Showing the case mortality in age periods.

Ages.		Cases.	Died.	Mortality per cent.
Under 1 year	.....	5	0	0.00
1—2	„	2	1	50.00
2—5	„	4	1	25.00
5—10	„	2	0	0.00
10—20	„	1	1	100.00
20—30	„	0	0	—
Over 30	„	1	1	100.00
Totals	.....	15	4	26.66

TUBERCULOUS MENINGITIS.

1 case of Tuberculous Meningitis was admitted during the year. One case remained over from the previous year so that two cases were treated to a conclusion. Both ended fatally.

PNEUMONIA.

Two cases of Pneumonia were admitted during the year and both recovered.

There were no admissions of Acute Poliomyelitis, Epidemic Encephalitis, or Typhus during the year.

SCARLATINA.

1,814 cases were admitted during the year, making, with 315 cases remaining over from the previous year, a total of 2,129 cases under treatment.

131 cases remained over at the end of the year, so that 1,998 cases were treated to a conclusion. Of these 8 died, giving a case mortality of 0.40 per cent.

The average stay in hospital of the cases which recovered was 36 days.

Of the 1,814 admissions, 1,688 came from the city and 126 came from outside the city boundary.

In the previous year the admissions numbered 3,114.

The average number of admissions in the previous five years was 2,083.

TABLE VII.
Showing the case mortality in age periods.

Ages.			Cases.	Died.	Mortality per cent.
Under 1 year	.....	.....	16	0	0.00
1—2 years	.....	.....	258	3	1.16
2—5 „	.....	.....	644	4	0.62
5—10 „	.....	.....	721	1	0.14
10—20 „	.....	.....	238	0	0.00
20—30 „	.....	.....	65	0	0.00
Over 30 „	.....	.....	56	0	0.00
Totals			1,998	8	0.40

RETURN CASES.

In 84 instances the return home of a scarlatina patient from hospital was followed by other cases in the house, giving a return case rate of 4.22 per cent. On the average these 84 cases had reached the 38th day from the onset of the disease when they were discharged.

OTHER DISEASES.

232 cases of "Other Diseases" were admitted during the year. These included cases admitted for observation and which did not develop any of the above infectious diseases, and also members of the staff who became ill from causes other than infectious diseases, and who were warded in the isolation pavilion for the convenience of nursing.

9 cases remained from the previous year, and 7 cases remained at the end of this year, so that 234 cases were treated to a conclusion.

Of these 19 died giving a case mortality of 8.12 per cent.

The causes of these deaths were as follows.

Broncho-Pneumonia	.....	4	Oedema of Glottis	.....	1
Septic Tonsillitis	.....	1	Cellulitis of Neck	.....	1
Pneumococcal Meningitis	.....	1	Whooping Cough	.....	1
Marasmus	.....	2	Auricular Fibrillation	.....	1
Influenzal Meningitis	.....	2	Acute General Peritonitis	.....	1
Staphylococcal Meningitis	.....	1	Endocarditis and Cerebral Abscess	.....	1
Uraemia	.....	1			
Acute Colitis after Nephrectomy	.....	1			

INFECTIOUS DISEASES AMONGST THE STAFF.

4 Nurses developed Diphtheria.

1 Nurse developed Rubella.

All made good recoveries.

The Staff at the end of the year consisted of :—

1 Medical Superintendent.	1 Disinfector.
1 Resident Medical Officer.	1 Foreman Gardener.
1 House Physician	3 Groundsmen.
1 Temporary House Physician.	1 Matron
1 Steward.	1 Assistant Matron.
1 Clerk.	1 Home and Housekeeping Sister
1 Temporary Clerk.	1 Night Superintendent.
1 Storekeeper.	10 Ward Sisters.
1 Engineer.	26 Staff Nurses.
2 General Mechanics.	43 Probationer Nurses.
1 Joiner.	1 Seamstress.
3 Motor Drivers.	1 Head Laundress.
1 Van Man.	8 Laundry Maids.
4 Firemen.	1 Cook.
1 Pumping Station Engine Man.	1 Asst. Cook.
5 Day Porters.	3 Kitchen Maids.
1 Temporary Day Porter.	11 General Maids.
1 Gate Porter.	12 Ward Maids.
1 Night Porter.	

Throughout the year the members of the staff have discharged their responsible duties very satisfactorily.

I am,

Gentlemen,

Your obedient servant,

A. GARDNER ROBB,

Medical Superintendent

BELFAST INFIRMARY, FEVER HOSPITAL.
SUMMARY FOR 1936.

Disease	Remaining 28-12-35	Admitted since	Gross Total	Remaining 26-12-36	Nett. Total	DEATHS	Mortality%
Typhoid Fever .....	.....	9	9	.....	9	.....	*
Measles .....	.....	27	27	.....	27	.....
Scarlatina	37	105	142	5	137	3	2.19*
Whooping Cough	8	132	140	12	128	24	18.75
Mumps .....	.....	4	4	.....	4	.....	.....
Chicken Pox	4	93	97	3	94	.....	.....
Erysipelas	10	117	127	7	120	7	5.83
Diphtheria	11	92	103	.....	103	5	4.85*
Rubella	3	73	76	.....	76	1	1.31
Pneumonia .....	.....	4	4	.....	4	1	25.00
General Medical	30	171	201	20	181	26	14.36
Tonsilitis	7	196	203	3	200	1	0.50
Influenza .....	.....	2	2	.....	2	.....	.....
Epidemic Encephalitis .....	.....	.....	.....	.....	.....	.....	.....
Chronic Encephalitis .....	.....	15	15	13	2	.....	.....
Tubercular Meningitis .....	.....	5	5	.....	5	5	100.00
Cerebro Spinal Fever .....	.....	2	2	.....	2	.....	*
Acute Poliomyelitis .....	.....	1	1	.....	1	.....	.....
Malaria .....	.....	2	2	.....	2	.....	.....
Total	110	1,050	1,160	63	1,097	73	6.65

*The cases of Typhoid, Scarlatina, Diphtheria and Cerebro Spinal Fever were not all treated to a conclusion, some of these being transferred to Purdysburn Fever Hospital.

A. GARDNER ROBB, *Medical Superintendent.*

Municipal Laboratory,
Queen's University,
Belfast.

14th May, 1937.

Dear Sir,

I beg to present a summary of the work carried out in the laboratory during the year 1936.

INFECTIOUS DISEASES.

	Total	Pos.	Neg.
1. <i>Diphtheria</i> .			
A. Swabs for Practitioners	2,531	444	2,087
do. Hospitals	4,858	995	3,903
do. Public Health Services	333	50	283
do. Contacts	340	22	318
B. Direct Examinations	168	37	131
C. Virulence Tests	21	7	14
2. <i>Vincent's Angina</i>			
Swabs	152	30	122
3. <i>Enteric Group</i>			
A. Agglutination Reactions	123	22	101
B. Faeces, Blood, etc.	159	66	93
4. <i>Food Poisoning</i>			
A. Blood	8	0	8
B. Foods	38	0	38
5. <i>Meningitis</i>			
Cerebro-Spinal Fluids	246	48	198
6. <i>Tuberculosis</i>			
A. Sputa	679	100	579
B. Pus	19	2	17
C. Urine	75	0	75
D. Pleural Fluid	6	0	6
E. C. S. Fluid	60	0	60
7. <i>Anthrax</i>			
Hides	17	0	17
8. <i>Plague</i>			
Rats	307	0	307

BRUCELLA ABORTUS INFECTIONS

	Total	Pos.	Neg.
Blood Examinations	123	6	117
Milk Examinations	111	27	84

VENEREAL DISEASES

Wassermann Reactions (Blood)	1,898	302	1,596
do. do. (C.S.F.)	16	6	10
Films for Gonococci	266	91	175
Films for Treponemata	5	0	5

PATHOLOGICAL EXAMINATIONS

Tumours, etc.	227
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MILK EXAMINATIONS

Grade A	11		
Grade B	53		
Grade C	1,004		
Reductase Tests	1,068	154	914
Biological Tests for B. Tuberculosis	111	9	102

WATER, FOODSTUFFS, ETC.

Swimming Baths	156
Ordinary Waters	8
Food Stuffs, Ice Cream, etc.	38

VACCINES

Autogenous	1
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UNCLASSIFIED EXAMINATIONS

Urines, etc.	931
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I am, Sir,

Your obedient servant,

G. F. W. TINSDALE,

City Bacteriologist.

To Dr. C. S. THOMSON, M.S.O.H.,
City Hall, Belfast.

PORT SANITARY AUTHORITY, BELFAST.

Report for the Year 1936.

The Corporation of Belfast as the Sanitary Authority was permanently constituted the Port Sanitary Authority for the Port of Belfast by the Local Government Board (Ireland) Provisional Orders Confirmation (No. 4) Act, 1900.

The jurisdiction of the Port Sanitary Authority extends to all that part of the said Port of Belfast, which lies on the landward side of a straight line drawn from Blackhead in the Larne Rural District to Orlock Point in the Newtownards Rural District, together with the waters of the said Port of Belfast within such limits; and all docks, basins, harbours, creeks, rivers, channels, bays and streams within the aforesaid limits, and the place or places which may from time to time be appointed as the Customs Boarding Station or Stations for such part of the said Port, and the place or places for the time being appointed for the mooring or anchoring of ships for such part of the said Port, under any regulations for the prevention of the spread of diseases issued under the authority of the statutes in that behalf; and for the purposes of any regulations, as aforesaid, shall also extend to any ship which in pursuance thereof, or of any directions given thereunder, may be moored or anchored at the place appointed thereunder, as aforesaid, or which may be on its way thither.

The expenses of the Port Sanitary Authority are contributed by the Urban and Rural Sanitary Authorities in the following proportions:—

The Corporation of Belfast .....	.....	92 per cent.
The Carrickfergus Urban District Council .....	.....	1 „
The Holywood Urban District Council .....	.....	1 „
The Bangor Borough Council .....	.....	1 „
The Belfast No. 1 Rural District Council .....	.....	1½ „
The Belfast No. 2 Rural District Council .....	.....	1½ „
The Larne Rural District Council .....	.....	1 „
The Newtownards Rural District Council .....	.....	1 „

I. Amount of Shipping entering the Port during the year.

TABLE A.

	Number	Tonnage	Number Inspected		Number reported to be Defective	Number of vessels on which Defects were remedied	Number of vessels reported as having or having had during the voyage Infectious Disease on Board
			By Medical Officer	By Sanitary Inspector			
Foreign:—							
Steamers	566	770,065	59	566	227	222	6
Motors	65	164,638	6	65	6	6	1
Sailing	1	2,540	1	1	...	...	...
Fishing ....	....	....	....	....	....	....	....
Total Foreign	632	937,243	66	632	233	228	7
Coastwise:—							
Steamers	7,145	3,348,280	10	1,087	292	280	3
Motors							
Sailing							
Fishing							
Non-Trading							
Steamers	237	100,415	....	....	....	.	....
Sailing							
Total Coastwise	7,382	3,448,695	10	1,087	292	280	3
Total Foreign and Coastwise	8,014	4,385,938	76	1,719	525	508	10

II. Character of Trade of Port.

TABLE B.

(a) Passenger Traffic during the year.

<i>Inwards.</i>		<i>Outwards.</i>	
British.....	3,382		2,972
*Alien	1,574		1,653
Total	4,956		4,625

	1st Class	2nd Class	3rd Class	Tourist Class
*Inwards	30	306	606	632
*Outwards	28	270	661	694

(b) Cargo Traffic.

Principal Imports:—Maize, wheat, barley, timber, flax, ores, paper, pulp, hemp, iron, steel, slates, coal, cement, fertilizers, oil, flour, bran, oats, tobacco (leaf), glass, salt, fruit (fresh and dried), vegetables, wines and ales.

Principal Exports :—Machinery, ropes, linen, yarns, tobacco, potatoes, grass-seed, butter, eggs, pork, poultry, apples, live cattle and pigs, whisky and aerated waters.

(c) Ports from which vessels arrive excluding Great Britain.

Aalborg 4, Aarhus 5, Abadan 6, Abo 3, Alexandria 14, Antwerp 26, Archangel 8, Aruba 16, Ballina 1, Baltimore 2, Basrah 2, Baton Rouge 1, Bergen 3, Borge 1, Bona 2, Boom 14, Bordeaux 7, Brest 2, Braila 1, Buenos Ayres 5, Burtonport 2, Bunbury 2, Carleton 1, Castellon 3, Chatham N.B. 1, Constanza 4, Cork 1, Curacao 4, Danzig 11, Delfzyl 1, Drogheda 3, Dublin 10, Dundalk 2, Dunkirk 1, Freemantle 6, Genoa 1, Gdynia 1, Ghent 48, Gothenborg 24, Halifax 1, Hamburg 53, Hargshamm 1, Hernosand 4, Ismail 1, Jacobstadt 1, Kasko 1, Kernosand 1, Kemi 1, Kirkness 2, La Plata 2, Le Harve 6, Leiden 2, Leningrad 13, Libau 1, Lisbon 1, Lovisco 2, Malaga 1, Marennes 1, Memel 3, Minatellan 1, Miramichi 2, Monty Luto 1, Montreal 18, Mountcharles 1, Murmansk 5, Nantes 1, New York 22, New Orleans 9, Newcastle, N.B. 3, Norrkoping 3, Novorossisk 1, Onega 1, Parrsborough 3, Patras 1, Philadelphia 1, Piearus 1, Pomeran 3, Port Adelaide 1, Port Pierre 1, Port Victoria 1, Puerto 1, Rangoon 2, Rauma 2, Riga 26, Rosario 47, Rotterdam 58, Rouen 1, Rumpst 2, San Nicholas 2, San Lorenzo 1, San Pedro 2, Sante Fe 3, Sfax 2, St. John's 13, Stettin 1, Sundsvall 1, Sydney 5, Theil Rode 1, Trangsund 2, Treport 1, Trondhjem 1, Uddavalla 1, Uleaborg 1, Vancouver 12, Valencia 2, Viborg 1, Villa Constitution 3, Walleroo 4, Waterford 2, Wexford 1, Windau 1, Wormeever 2, Zaandam 1.

The Nationality of the vessels which arrived was as follows :—American 36, British 1,444, Belgian 1, Finnish 2, Danish 13, Dutch 91, Estorian 6, German 36, Greek 25, Hungarian 1, Jugo-Slav 1, Norwegian 44, Russian 16, Swedish 3.

III. Source of Water Supply.

(a) and (b). For the Port and Shipping.

The water supply for the docks and for vessels in the Port is taken from the mains which supply the city and the various districts surrounding Belfast. The supply is controlled by the Belfast and District Water Commissioners, who have sydrants on all quays and wharves.

The water is subjected to regular Chemical and Bacteriological examination.

(c). Water Boats.

There are no water boats at the Port.

IV. Port Sanitary Regulations (Northern Ireland), 1933.

1. Arrangements for dealing with Declarations of Health. :—

Declaration of Health Forms as recommended by the Association of Port Sanitary Authorities of the British Isles are in use at the Port. Special instructions relating to the Port of Belfast are given on the fourth page and a supply of these forms has been distributed to H. M. Customs Officers, the Belfast Harbour Commissioners for the Pilotage Service, and to the various Shipping Companies and Agents.

A Declaration of Health signed by the Master and countersigned by the Ship Surgeon (where one is carried) is received from each vessel arriving in the port, from a foreign port. The Declaration of Health is received by H.M. Customs Officer or the Port Sanitary Officer on the arrival of the vessel, and the answers to the questions contained in the Declaration are scrutinised and supplementary questions are asked. In cases where the Customs Officer first boards the vessel and the Declaration of Health is satisfactory, pratique is granted. If the Declaration of Health is not satisfactory the circumstances are immediately reported to the Port Medical Officer who makes investigations before passengers are allowed to land. During the year vessels arriving at the port were required to display the appropriate quarantine signals as laid down in these regulations.

2. Boarding of Vessels on Arrival.

All vessels from a foreign port are boarded on arrival by an Officer of H.M. Customs, and an Officer of the Port Sanitary Authority. An exception is made in the case of vessels (Trans-Atlantic) arriving at the Port and disembarking a small number of passengers by tender; in this case the Customs Officer boards the vessel and receives the Declaration of Health. The Port Sanitary Officer awaits the arrival of the tender at the docks where the passengers are to be disembarked. When a large number of passengers is arriving, it is the custom for an Officer of the Port Sanitary Authority to board the vessel.

3. Notification to the Authority of inward vessels requiring special attention (wireless messages, land signal stations, information from Pilots, Customs Officers, etc.)

Arrangements for the transmission of wireless messages from inward bound vessels requiring special attention under the Regulations have been made with the Shipping Companies and Agents in Belfast. Under these arrangements the Shipping Companies or Agents receive the wireless message required under Article 7, and forward the information to the Port Medical Officer. Alternatively, or in addition, wireless messages are received direct by the Port Sanitary Authority, the telegraphic address "Portelth, Belfast" having been registered for this purpose.

No land signalling system is in operation. Close co-operation exists between the Port Sanitary Authority, and the Officers of H.M. Customs and notification of the arrival of vessels requiring special attention is promptly received from the latter.

4. Mooring Stations Designated under Article 10.

(a) Within the Docks : (b) Outside the Docks.

(a) With the concurrence of H.M. Customs and the Belfast Harbour Commissioners the ordinary places of mooring, discharge or loading, in relation to inward vessels arriving from foreign ports, have been designated "mooring stations" within the docks. Where such vessels are unhealthy owing to the presence on board of smallpox, typhus fever, dysentery, cerebro-spinal fever, or where any of these four diseases are suspected, they remain at the mooring stations with gangways off until pratique is granted.

(b) The outside mooring station is situated at Carrick Roads about three and a half miles from the nearest point of the docks in Belfast Lough, and ships would be detained here which have on board plague, cholera or yellow fever.

5. Particulars of any Standing Exemptions from the Provisions of Article 14.

Standing exemptions from detention under Article 14 are granted (a) in the case of vessels arriving from a port or seaboard included in the list referred to in

Article 11, unless such port or seaboard has been specially referred to in the current list or special instructions have been issued in regard to same. (b) in the case of vessels having on board one of the common infectious diseases such as scarlet fever, measles, tuberculosis, mumps, diphtheria, whooping cough, influenza, or malaria. Chickenpox and typhoid fever are not included in this list as the Port Medical Officer will see such, lest the former might be smallpox and the latter typhus fever.

6. Experience of Working of Article 16 :—

Restriction on Boarding or Leaving Vessels.

In the carrying out of the provisions of this article during the year, no difficulty arose and it was not necessary to require passengers to furnish names and destination etc., as there was no case of infectious disease on board any vessel arriving at the port calling for this procedure.

7. What, if any Arrangements have been made for :—

(a) Premises and Waiting Rooms for Medical Examination.

Waiting Rooms are provided at the Transatlantic Shed, Queen's Quay which was erected as a Customs Examination Hall with rooms set apart for the medical examination of inward and outward passengers.

(b) Arrangements for Cleansing and Disinfection.

After the removal of a case or cases of infectious disease, disinfection of the vessel is carried out by the Port Sanitary Officer. Clothing and other effects are removed to the Municipal Disinfecting Station, Laganbank Road, where they are subjected to steam pressure disinfection. The cleansing of persons is carried out at the Disinfecting Station also; baths having been provided for this purpose.

(c) Temporary Accommodation.

Owing to the removal of the Intercepting Hospital at the West Twin Island, Victoria Channel, no premises for the temporary accommodation of persons for whom such accommodation is required for the purposes of these regulations exist. The Intercepting Hospital was demolished to make a waterway for a new dock. The provision of premises for the purposes of these Regulations is under the consideration of the Port Sanitary Authority.

(d) Hospital Accommodation Available for Plague, Cholera, Yellow Fever, Smallpox and Other Infectious Diseases.

The Corporation Isolation Hospital at Purdysburn is available for the reception of cases of infectious diseases. Separate premises situated in the hospital grounds but self-contained and isolated from the other hospital buildings are available for the reception of cases of smallpox.

(e) Ambulance Transport.

The Port shares the facilities provided for ambulance transport in the City as a whole. For infectious cases the ambulances attached to the fever hospitals are available, whilst for non-infectious cases the ambulances attached to the Corporation Fire Brigade are available.

(f) Arrangements for Supervision of Contacts.

Where contacts of infectious disease are members of the crew, these are kept under supervision by the Port Medical Officer.

In the case of passengers or members of the crew landing, their destinations are obtained, and they are kept under supervision, and if they are proceeding to a place outside Belfast, the Medical Officer of Health of the district is notified.

8. Arrangements for the Bacteriological or Pathological Examination of Rats for Plague.

Bacteriological and Pathological examinations of rats for plague are carried out by the City Bacteriologist at the Municipal Laboratory, Queen's University.

9. Arrangements for other Bacteriological and Pathological Examinations.

All other bacteriological and pathological examinations are carried out at the Municipal Laboratory, Queen's University, by the City Bacteriologist.

10. Arrangements for the Diagnosis and treatment of Venereal Disease among Sailors, under International Arrangements.

Upon the arrival of vessels in the Port information is given to the Masters as to the arrangements for the diagnosis and treatment of venereal disease among

sailors. Pamphlets are left on board which give the situation, and days and hours of V. D. Clinics. These pamphlets give warning of the dangers of the disease. Every encouragement is given for attendance at any of the following Clinics :—The Royal Victoria Hospital, the Mater Infirmorum Hospital and the Belfast Union Infirmary. At each of the Clinics beds are available for intern treatment. No charge is made for intern or extern treatment to the patients. Where continuation of treatment at other Ports is necessary, the sailors “grey” book is filled in by the Medical Officer in charge of the V. D. Clinic giving full particulars of the treatment he has received.

11. Arrangements for the Interment of the Dead.

All Arrangements for the interment of the dead are attended to by the Shipping Companies or their Agents.

TABLE C.
Cases of Infectious Sickness landed from vessels.

Disease.	No. of Cases during 1936.		No. of Vessels concerned.	Average Number of Cases for previous 5 years.
	Passengers.	Crew.		
Malaria	2	1	.....
Influenza	4	2	4
Tuberculosis	2	..	2	2
Typhoid
Diphtheria
Scarlet Fever	1	1	..
Measles
Chickenpox
Whooping Cough
Pneumonia
Mumps

TABLE D.

Cases of Infectious Sickness occurring on vessels during the voyage, but disposed of prior to arrival.

Disease.	No. of Cases during 1936		No. of Vessels concerned.	Average Number of Cases for previous 5 years.
	Passengers	Crew.		
Influenza	4	2	2
Measles	1
Malaria	2	1	.....
Pneumonia	1	1	.....

No case of plague, cholera, yellow fever, smallpox or typhus fever occurred and no plague infected rats were discovered during the year.

The Parrots (Prohibition of Import) Regulations, 1930.

During the year notices were served on the Masters of two vessels which arrived at the Port with birds of the parrot species on board, namely :—

S.S. “Duke of Rothesay” from Heysham 1 Parrot and 2 Budgerigars
S.S. “Duke of Argyll” from Heysham 2 Budgerigars.

forbidding the landing of these birds and requiring them to export the said birds within a time specified in the notices. These birds were subsequently exported when the vessels sailed from the Port.

Permits were granted by the Ministry of Home Affairs, Northern Ireland, for the entry of a number of birds of the parrot species on condition that they were not for re-sale.

V. Measures Against Rodents.

(1) Steps taken for Detection of Rodent Plague.

(a) In Ships in Port.

All vessels arriving from Ports where plague is endemic are boarded by the Port Sanitary Officer as soon as possible after berthing. Enquiries are made as to the prevalence of rats on board, and as to whether any sick or dead rats were found during the voyage. The vessels are then inspected to ascertain the probable rat infestation, and are periodically inspected during the time they remain in Port in order to ascertain if any dead rats have been found in the cargo. Traps are set with a view to obtaining rats for bacteriological examination by the City Bacteriologist at the Municipal Laboratory.

(b) On Quays, Wharves and Warehouses.

Instructions are given to the owners, occupiers and employees on the quays etc., that rats caught or killed should be preserved in air-tight tins for the Port Sanitary Officer, who arranges for them to be sent to the Municipal Laboratory for bacteriological examination.

(2) Measures taken to prevent the passage of rats between ship and shore.

All vessels arriving from foreign ports are required to affix rat guards to all moorings, and maintain them so fixed during their stay at the port. If the rat population is estimated to be abnormal, all gangways and communications are raised at night, and a light affixed on each.

(3) Methods of Deratisation of Ships.

(a) Ships.

Deratisation of ships is carried out by fumigation with Sulphur Dioxide or Hydrocyanic Acid Gas. The fumigations are carried out by private firms under the supervision of the Port Sanitary Officer. When fumigating with sulphur the requisite quantities are placed in the different parts of the vessel allowing three pounds to every thousand cubic feet. Sulphur dioxide gas is generated by burning the sulphur in pans. Wood Wool and tinder sticks saturated with methylated spirits or paraffin, are used to start combustion. The minimum time of exposure is six hours. With Hydrocyanic Acid Gas the preparation known as Zyklon B is employed with satisfactory results.

(b) Premises in the Vicinity of the Docks, Quays, etc.

The various Shipping Companies, Warehousemen and Occupiers of premises in the vicinity of the docks carry out, at the request of the Medical Superintendent Officer of Health, who is also the Port Sanitary Officer, such works as may be necessary for the extermination of rats. Notices are issued, if necessary, under the Rats and Mice Destruction Act and are served on the occupiers of the premises. Cats are kept in most of the stores and warehouses. Trapping and poisoned baits are also employed. During the year the Belfast Harbour Commissioners had men employed putting down baits in the sheds and on the lands under their jurisdiction with effective results, and a marked reduction in the rat population.

(4) Measures Taken for the Detection of Rats in Ships and on Shore.

In ships :—Vessels arriving in Port are inspected by the Port Sanitary Officer who ascertains as to whether they are infested with rats, and if so, to what extent ; this is arrived at by taking into account the number of droppings (whether old or fresh) and by tracing runs on decks and beams, cuttings, soiled woodwork, etc. Another indication of the presence of rats is the peculiar odour given off in confined places where rats have been present for any length of time.

On Shore :—Stores, etc., in the vicinity of the docks are inspected regularly by the Port Sanitary Officer for the detection of rats. Droppings, cuttings and damage to the produce are the main indications that the premises are infested with rats. During the year very little trouble was caused in the stores at the port through rat infestation.

Rat Proofing.

(a) To what extent are docks, wharves, warehouses, etc. ratproof?

The docks and wharves on the County Antrim side of the Port are all constructed to be as near ratproof as possible. The floors of the sheds and warehouses and the roadways leading thereto are constructed of concrete or granite setts laid on concrete. The offices in the sheds are constructed so as to allow of the minimum of rat harbourage. On the County Down side the wharves are mostly erected on piles, and these afford a certain amount of harbourage. These wharves are used principally for the discharge of coal, ores, steel, etc., and not so enticing to rats as wharves where grain or food-stuffs are landed or stored.

(b) Action taken to extend ratproofing.

(1) in ships. (2) on shore.

In Ships :—Efforts are directed towards sealing vulnerable places, such as provisions storerooms and pantries where food is kept. This is generally done by encasing with sheet metal, and closing the means of access of rats between one apartment and another, so as to make them as ratproof as possible.

On Shore :—Periodical inspections are made by the Officers of the Sanitary Authority to see that the various premises are kept in good condition, and that no accumulations are allowed to gather, which would entice and harbour rats. When necessary, the owners or occupiers are required to take such action as may be found necessary to prevent the access of rats to their premises and reduce the rat harbourage to the minimum.

The owners and occupiers of premises are aware of the damage done by rats to merchandise and take every possible means accordingly to keep clear of them as far as practicable.

Number of Rats destroyed during the year.

TABLE E.
(1) On Vessels.

[illegible]

TABLE F.

(2) **In Docks, Quays, Wharves and Warehouses.**

Species.	Jan.	Feb.	Mar.	Apr.	May.	June	July.	Aug.	Sept.	Oct.	Nov.	Dec.	TOTAL.
Black	6	22	6	33	11	12	13	7	8	25	13	8	164
Brown .....	....	.....	.....	....	.....	.....	.....	....	.....	.....	.....	....	.....
Species not recorded .....	....	.....	....	.....	.....	.....	....	....	.....	.....	.....	....	....
Examined	6	22	6	33	11	12	13	5	8	21	10	8	155
Infected with Plague .....	....	....	....	.....	.....	....	....	....	.....	.....	....	....	....

TABLE G.

Measures of Rat Destruction on Plague "Infected or Suspected" Vessels or Vessels from Plague Ports arriving in the Port during the year.

Total Number of such vessels arriving.	Number of such vessels fumigated with So ₂	Number of rats killed.	Number of such vessels fumigated with HC.n	Number of rats killed	Number of such vessels on which trapping, poisoning, etc. were employed.	Number of rats killed.	Number of such Vessels on which measures of Rat destruction were not carried out
31	2	23	—	—	10	42	19

TABLE H.

Deratization Certificates and Deratization Exemption Certificates issued during the year.

Net Tonnage.	Number of Ships.	Number of Deratization Certificates Issued.					Total.	Number of Deratization Exemption Certificates Issued.	Total Certificates Issued.
		After fumigation with			After Trapping, Poisoning, etc.				
		HC.n	Sulphur	HC.n, and Sulphur.					
Under 300 Tons	2	—	—	—	—	—	—	2	2
From 301 " to 1,000	8	1	—	—	—	—	1	7	8
" 1,001 " to 3,000	18	—	2	—	—	—	2	16	18
" 3,001 " to 10,000	15	2	1	—	—	—	3	12	15
Over 10,000	1	1	—	—	—	—	—	—	1
Total — — —	44	4	3	—	—	—	7	37	44

VI. Hygiene of Crew's Spaces.

TABLE J.

Classification of Nuisances.

Nationality of Vessel.	Number Inspected during 1935.	Defects of Original Construction.	Structural defects through wear and tear	Dirt, Vermin and other conditions prejudicial to health.
British	1,440	12	17	492
Other Nations	275	10	18	119

VII. Food Inspection.

During the year all sheds and warehouses where food is stored were inspected regularly for the detection of unsound food. The quantities arriving maintained much the same average as last year.

The quality of the produce which arrived maintained a very good standard.

Seizures.

	cwts.	qrs.	lbs.
1 Box Fish Fillett	—	—	14
1 Box Fish Fillett	—	—	14
2 Boxes Fish Fillett	—	1	0
1 Box Fish Fillett	—	—	14
1 Box Raisins	—	2	0
1 Box Fish Fillett	—	—	14
1 Box Fowl (Dead)	—	1	0
55 Boxes Fish Fillett	7	0	0
	8	2	0

Shell-Fish.

There are no layings of Shell-Fish within the Jurisdiction of the Port Sanitary Authority.

Number of Samples of Food submitted for Chemical Examination by City Analyst.

4 Tins of Pears, 2 Tins of Peaches, 1 Tin Fruit Salad, 1 Tin Asparagus Tips, 1 Tin Tomato Juice, 1 Tin Apricots, 1 Tin Strawberries, 1 Tin Raspberries, 1 Tin Loganberries, 1 Tin Pineapple, 1 Tin Plums, 1 Tin Asparagus, 1 Sample Pearl Barley, 1 Sample Icing Sugar, 1 Sample Cane Sugar, 1 Tin Condensed Milk, 1 Sample of Sultanas, 1 Sample of Currants, 2 Samples of Raisins, 2 Samples of Sago, 1 Tin of Brislings, 1 Tin of Herrings, 1 Tin of Sild.

1 Sample of Plastic Pastry Fat was taken from a consignment of 13 Boxes which had no official mark as required. On analysis, the sample was found to contain a percentage of animal fat and did not comply with the Public Health (Imported Food) Regulations. A notice was served requiring the re-exportation of the whole consignment which was duly carried out.

TABLE XXVII.
SANITARY REPORT FOR THE YEAR.

DISPENSARY DISTRICTS.																	
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XV.	XVI.	TOTAL	
Houses Inspected:—																	
Systematically	344	1594	872	721	1277	2114	..	370	1485	1373	203	475	370	1174	222	12594	
Re-inspections	2642	6403	5249	5535	5343	6398	192	820	6167	5471	4794	4719	4801	5808	3791	68133	
For Specific Purposes	1358	3252	3449	2333	1893	2109	103	552	2768	3090	2820	2708	1762	2020	2000	32217	
Where Infectious Diseases occurred																	
Inspections	112	415	433	284	99	200	53	85	213	306	384	244	236	125	171	3360	
Re-inspections	150	428	270	168	58	124	21	46	146	225	143	190	116	56	123	2264	
Under the Tuberculosis (Prevention) Act																	
Inspections	19	42	24	39	18	30	4	5	35	49	50	39	15	34	12	415	
Re-inspections	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Factory and Workshop Acts:—																	
Factories																	
Inspections	159	37	17	55	17	95	.....	2	8	23	46	13	20	95	21	608
Nuisances discovered	92	15	11	29	14	58	.....	1	4	15	22	1	7	41	7	317
Workshops																	
Inspections	447	242	230	124	63	117	11	16	76	103	123	105	115	250	74	2096	
Nuisances discovered	199	32	33	33	19	63	1	3	7	6	24	36	31	100	34	621	
Workplaces																	
Inspections	199	28	9	11	12	19	.....	.....	12	11	14	3	9	54	14	395
Nuisances discovered	53	4	3	5	.....	5	.....	.....	7	2	7	1	1	5	3	96
Outworkers' Premises																	
Inspections	1	95	81	979	23	621	.....	6	99	23	869	691	172	208	433	4301
Nuisances discovered	.....	12	11	129	3	73	.....	.....	11	1	104	49	7	16	48	464
Bakehouses																	
Inspections	54	173	188	110	88	81	.....	23	45	65	162	135	94	118	70	1406
Nuisances discovered	15	47	56	44	12	44	.....	15	11	17	55	42	51	30	23	462

SANITARY REPORT (Continued).

DISPENSARY DISTRICTS.																	
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XV.	XVI.	TOTAL,	
Shops inspected by F.S.O., including :—																	
Confectionery																	
Ice Cream	277	49	446	151	232	14	48	41	335	539	299	318	53	377	160	3,939	
Vegetable and Fruit																	
Grocery																	
Others																	
Schools:—																	
Inspections	99	215	123	81	120	114	38	22	107	91	45	59	64	132	75	1,385	
Common Lodging Houses:—																	
Inspection,—Day	1283	282	.....	77	666	.....	.....	.....	.....	.....	.....	.....	.....	348	171	2,827
" Night	5	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	6
Breaches of Bye-Laws	128	18	.....	.....	51	.....	.....	.....	.....	.....	.....	.....	.....	12	3	212
Nuisances	34	3	.....	2	21	.....	.....	.....	.....	.....	.....	.....	.....	12	4	76
Under the Dairies, Cowsheds and Milkshops Order:—																	
Cowsheds																	
Inspections	—	2	10	7	—	3	6	49	38	14	17	13	10	4	2	175	
Milkshops																	
Inspections	211	530	409	340	281	470	14	70	366	267	813	52	131	509	291	5,054	
Breaches of Order	—	4	1	—	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	7
Under the Bye-Laws for the Regulation of Offensive Trades:—																	
Inspections	61	.....	10	6	.....	115	.....	.....	.....	.....	26	.....	2	63	104	387

SANITARY REPORT (Continued).

DISPENSARY DISTRICTS.																	
	I.	II.	III.	IV.	V.	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XV.	XVI.	TOTAL.	
Tipping Grounds:— Inspections	49	47	—	—	1	44	48	47	143	171	40	—	155	—	1	746	
Black Smoke:— Observations made	45	3	3	25	47	33	—	9	46	74	15	6	16	71	6	399	
Graveyards:— Inspections	—	38	—	7	—	—	14	—	15	48	—	4	5	—	—	131	
Marine Stores:— Inspections	50	46	6	—	244	—	—	—	47	—	—	1	—	90	39	523	
Nuisances	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	
Public Urinals:— Inspections	720	118	78	102	150	267	48	183	344	241	22	40	27	178	115	2,633	
Nuisances	—	—	—	5	—	—	—	—	—	—	—	—	—	2	2	9	
Amusement Halls:— Inspections	441	206	38	172	145	72	—	—	1	18	28	47	69	115	36	1,388	
Nuisances	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	
Rivers:— Inspections	—	30	—	44	13	—	38	6	23	28	28	2	13	24	—	249	
Nuisances	—	—	—	10	—	—	—	—	—	1	1	—	1	4	—	17	
Drain Tests:— Requests	—	—	1	1	28	1	—	1	5	25	3	—	2	—	1	68	
Defective	—	—	1	12	12	—	—	—	2	11	1	—	2	—	—	29	
New Work	—	1	1	1	—	2	—	—	—	—	1	—	1	—	—	12	
Defective	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Typhoid Fever	—	3	—	—	—	—	—	—	1	—	—	—	—	—	1	5	
Defective	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diphtheria	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Defective	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Others	17	49	48	16	1	18	3	3	5	26	20	17	11	17	25	276	
Defective	11	30	17	12	1	14	1	1	4	11	12	7	7	12	17	157	
Total No. of Tests	22	54	50	18	29	21	3	4	11	51	25	17	14	17	27	363	
Defects	11	31	18	12	13	14	1	1	6	22	13	7	9	12	17	187	

SANITARY REPORT (Continued).

DISPENSARY DISTRICTS.

		I.		II.		III.		IV.		V.		VI.		VII.		VIII.		IX.		XI.		XII.		XIII.		XV.		XVI.		TOTAL	
		A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B
Nuisances Discovered and Complained of :—																															
Drains, Traps, &c., Foul or Defective																															
Tiling, Paving, or Flooring Defective																															
No Water Closet Accommodation																															
Water Closets Foul or Defective																															
No Ashpit Accommodation																															
Ashpits Defective, Dilapidated or Unusable																															
Sink Waste Pipes Defective, or want of Soil and Ventilation Pipes Defective																															
Roofs or Spouting Defective or want of Premises Dirty																															
Houses or Premises Damp																															
General Dilapidation																															
Insufficient Light or Ventilation																															
Offensive Smells																															
Fowl or Animals Kept																															
Accumulation of Manure or other Offensive Matter																															
No Domestic Water Supply or Improper Black Smoke																															
Passages Dirty																															
Schools Dirty																															
Schools Overcrowded																															
Houses Overcrowded																															
Offensive Privies																															
Miscellaneous																															

SANTITARY REPORT (Continued)

DISPENSARY DISTRICTS.

	I	II.	III.	IV.	V	VI.	VII.	VIII.	IX.	X.	XI.	XII.	XIII.	XV.	XVI.	TOTAL.
House Drains cleansed	238	277	166	403	143	231	13	41	201	152	182	208	175	250	421	3101
" " repaired	15	36	27	79	18	35	3	4	15	22	17	22	7	25	21	346
Length in feet of Pipe Drain laid in																
providing houses with new drains	191	185	198	248	261	599			106	236	27	75	39	9	60	2234
Gully and Disconnecting Traps put on																
house drains	11	16	8	9	11	8				11	2	2	4	2	2	86
Houses had the Tiling, Paving, or Flooring																
repaired	205	633	663	521	382	359	9	41	434	385	553	287	183	542	253	5450
Water Closets erected			5	3	1					1	3	1	9			23
Water Closets repaired	148	407	366	285	235	238	9	21	308	258	227	256	141	263	249	3411
Ashbins provided	77	155	91	110	101	46	11	21	162	88	75	41	81	47	74	1180
Houses provided with New Sinks	6	5	4	1					3	3	3	1	3	3	1	33
Houses provided with New Soil and																
Ventilation Pipes		1		1							2	1				5
Houses have had the Roofs repaired	295	983	984	655	548	562	28	63	611	541	668	495	304	539	514	7840
Houses have had the Spouting repaired	230	731	684	396	390	302	18	85	575	444	483	370	211	376	337	5632
Houses have been cleansed or whitewashed	9	6	3	5	10	6		1	4	7	3	1	4	4	4	67
Houses have had the Yard Walls lime-																
washed	33	78	5		1									2	1	120
Houses (that were overcrowded) had the																
number of inmates reduced	4	2		2	2	1			3	1		1		3	2	21
Houses closed																
Houses have had minor repairs effected	504	1408	1499	961	821	860	23	160	1047	874	942	664	336	1133	714	11946
Miscellaneous nuisances abated	71	81	86	102	64	72	4	12	58	61	67	111	70	80	58	997

TABLE XXVIII.

INQUEST CASES.

Cause of Death.	Under 1 year.		1 and under 5 years.		5 and under 15 years.		15 and under 25 years.		25 and under 45 years.		45 and under 65 years.		65 years and upwards.		Total.		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Accidents—Motor	.....	.....	1	1	5	1	2	1	4	.....	4	4	10	6	26	13	39
" Other	.....	.....	.....	2	.....	.....	6	.....	7	1	5	3	6	4	24	10	34
Drowning	.....	.....	.....	.....	2	.....	.....	.....	2	1	2	1	1	.....	7	2	9
Cause of Death Unknown	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	1	2
Gunshot Wounds	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1	.....	.....	.....	2	.....	2
Gas Poisoning	.....	.....	.....	.....	.....	.....	1	.....	2	.....	2	1	1	.....	6	3	9
Heart Disease	.....	.....	.....	.....	.....	.....	1	.....	1	.....	7	1	2	3	10	4	14
Inattention at Birth	3	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	3	3	6
Natural Causes	2	2	.....	.....	.....	.....	1	.....	3	3	4	4	.....	3	8	13	21
Overlying	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	2	4
Suffocation	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	1
Septicaemia	.....	.....	.....	.....	1	.....	.....	.....	.....	1	1	.....	1	.....	2	2	4
Stillborn	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	2
Shock due Burns and Scalds, etc.	1	1	.....	5	3	1	.....	.....	2	.....	.....	1	2	.....	12	17	29
Suicide	.....	.....	.....	.....	.....	.....	6	.....	8	3	4	.....	.....	.....	18	7	25
	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	124	77	201

CITY AND COUNTY BOROUGH OF BELFAST

TUBERCULOSIS DEPARTMENT

THE YEAR'S WORK,

BEING

THE REPORT

OF THE

CHIEF TUBERCULOSIS OFFICER

FOR THE

Year Ended 31st December, 1936

LORD MAYOR :

The Right Honourable SIR CRAWFORD McCULLAGH, Bart. D.L., J.P.

MEMBERS OF THE TUBERCULOSIS COMMITTEE (1936).

Councillor W. A. COCHRANE, J.P., Chairman.

Councillor S. V. TUGHAN. Deputy Chairman.

Alderman Mrs. L. COLEMAN

Alderman THOS. HENDERSON, M.P.

Alderman ROBERT PIERCE.

Alderman J. D. WILLIAMSON, D.L., M.D., J.P.

Councillor HUGH ARMSTRONG

Councillor JAS. BOYLE.

Councillor PERCY BROWN.

Councillor R. J. GROVES.

Councillor Lt. Com. R. M. HARCOURT.

Councillor MARTIN HOPKINS, J.P.

Councillor MALCOLM McKIBBIN.

Councillor CLARKE SCOTT.

Councillor McWHIRTER.

(Co-opted Members)

Mr. KYLE M. ALEXANDER, F.L.A.A.

Miss E. McCOMB.

Mr. JAMES PARKHILL, J.P.

MEDICAL OFFICERS OF THE DEPARTMENT.**Tuberculosis Institutes.**

Chief Tuberculosis Officer	.....	Dr ANDREW TRIMBLE.
Assistant Medical Officer	.....	Dr. JAMES SHAW.
Assistant Medical Officer	.....	Dr. HERBERT McMASTER.
Assistant Medical Officer	.....	Dr. E. P. DEWAR.
Assistant Medical Officer	.....	Dr. A. E. LAVELLE
Assistant Medical Officer	.....	Dr. A. McQUISTON,

Municipal Sanatorium, Whiteabbey.

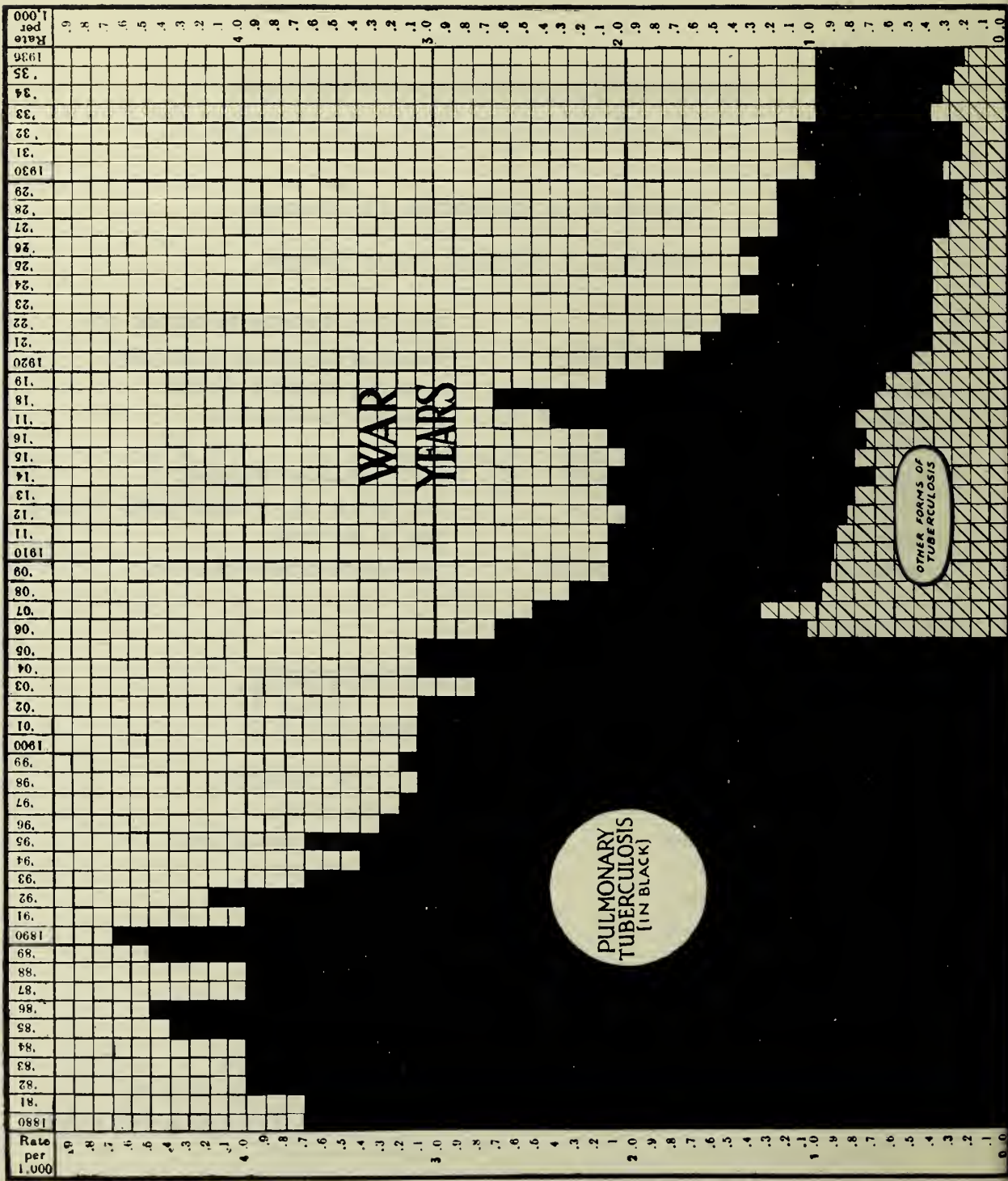
Resident Medical Superintendent	.....	Dr. PERCY WALKER.
Deputy Medical Superintendent	.....	Dr. D. K. WATTERSON.
Assistant Medical Officer	.....	Dr. W. PEDEN (resigned 30-11-36)
House Physician	.....	Dr. PHOEBE BURNS (took up duty 1-12-36)
Visiting Medical Officer	.....	Dr. JOHN RANKIN.

Municipal Hospital for Tuberculous Children, Graymount.

Visiting Surgeon	Mr. H. P. MALCOLM, M.C.
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Chart 1.

SHOWING THE COURSE OF THE DEATH RATE FROM PULMONARY TUBERCULOSIS IN BELFAST FROM 1880 ONWARD, AND FROM THE NON-PULMONARY FORMS OF TUBERCULOSIS FROM 1906 ONWARD.



**REPORT OF THE CHIEF TUBERCULOSIS OFFICER
ON THE WORK OF**

THE TUBERCULOSIS DEPARTMENT

For the Year ended 31st December, 1936

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting for your information my Annual Report for the year 1936—the 21st since the Scheme for the prevention and treatment of Tuberculosis was inaugurated in 1914.

As at the writing of this report the figures for the Census of Northern Ireland which the Registrar General took in April, 1937, are not available in detail, the various rates throughout the report are calculated on the figures of the last census, taken in 1926, i.e., Males, 195,539 and Females, 219,612, or a general population of 415,151.

NEW EXAMINATIONS.

Table 1—Shows the number of *persons examined for the first time*, in each of the years indicated, without regard to sex or diagnosis.

Year ended	Number of Examinations.
31st December, 1932	1880
31st December, 1933	2161
31st December, 1934	2233
31st December, 1935	2311
31st December, 1936	2097

Table 2—Shows the diagnostic result of examination of new patients during the years indicated.

Year ended	Tuberculous	Suspect	Non- Tuberculous	Total
31st December, 1932	1008	177	828	1981
31st December, 1933	1164	157	1031	2013
31st December, 1934	1329	161	939	2352
31st December, 1935	1328	294	1051	2673
31st December, 1936	1109	570	967	2646*
Percentages for year ended 31st December, 1936	42%	21%	37%	100%

*Includes 549 transfers of patients formerly 'suspect,' to tuberculous or non-tuberculous.

CONTACTS.

Table 3.—Shows the number, and result of examination, of Contacts, set out as Tuberculous, "Suspect," and Non-Tuberculous.

	Tuberculous	Suspect	Non-Tuberculous	Total
No.	253	148	246	647
Per Cent.	39%	23%	38%	100%

The great majority of these contacts were children of tender age who had been noticed either by their parents or the visiting nurse to be ailing. Speaking generally, it is very unlikely that we would have discovered this group of tuberculous children if there had been no follow-up as the result of the diagnosis of some open case of tuberculosis in the family.

SPECIFIED FORMS OF TUBERCULOSIS.

Table 4.—Shows the form of tuberculosis from which each tuberculous patient was found to be suffering, and the sex of the patient so suffering, including old patients formerly "suspect," whose diagnosis was made definite during the year.

Year ended	Pulmonary		Glandular		Osseous		Abdominal		Other Forms		Total		Grand Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
31st Dec., 1932	291	360	83	79	29	22	40	35	34	35	477	531	1008
31st Dec., 1933	329	339	114	124	21	16	45	42	70	64	579	585	1164
31st Dec., 1934	374	399	164	174	23	14	58	41	42	40	661	668	1329
31st Dec., 1935	369	385	251	214	22	12	31	30	6	8	679	649	1328
31st Dec., 1936	340	338	180	166	15	8	24	21	6	11	565	544	1109

A study of the relative numbers of men and women found to be tuberculous at their first examination reveals a diminution in the relative numbers of women patients during the 23 years of our work. Thus, for every 100 men who were found to be suffering from tuberculosis in the year 1915, we had 150 women similarly affected; in 1936 for every 100 men *diagnosed* as suffering from tuberculosis, we had only 96 women.

When we come to consider *deaths* amongst men and women, the change is quite as noticeable. Thus, in 1915, for every 100 males dying from tuberculosis 134 females died of the disease; in 1936 for every 100 males who died of tuberculosis only 90.8 females died, thus approximating more nearly to the experience in English Boroughs, where for many years the incidence of mortality from tuberculosis has fallen more heavily on males than on females.

On the other hand, it has been observed in England that whilst there has been a fall in the incidence of mortality from pulmonary tuberculosis amongst females at all ages, the mortality from pulmonary tuberculosis in young women in the age period 15-25 has risen during the last few years. In Belfast, however, the mortality amongst young women in this age period (15-25) not only has not risen, but has actually fallen. From a study of the figures one finds that in the quinquennium 1911-15, 609 women aged 15 to 25—a rate of 2.9 per 1,000—died from pulmonary tuberculosis, as compared with 308 in the quinquennium 1932-36:—a rate of 1.4 per 1,000 a—reduction of 50.1 per cent.

RE-ATTENDANCES OF OLD PATIENTS.

The number of "old" patients re-examined and treated at the Institutes was 23,908, as compared with 24,140 in the year previous. 184 patients were unable to attend at the Institutes, and were re-examined in their homes, and 98 patients were examined at the Belfast Infirmary by the Medical Staff of the Institutes.

PATIENTS ON THE VARIOUS FORMS OF TREATMENT.

Table 5.—Shows the number of patients on the different forms of treatment at the 31st of December, 1936.

Institute (Dispensary)	Domiciliary		Institutional			Open-Air School (Day Section)	Total
	Ins.	Non- Ins.	Sana- torium.	Graymount Hospital.	Belfast Infirmary		
1062	2222	2148	206	54	19	124	5835

The Total number of patients treated or observed during the year was 7445.

These figures include 2,222 insured persons on panel treatment whose supervision devolves upon the Tuberculosis Department in accordance with Par. 47 (b) of the Medical Benefit Regulations which reads:—

A Practitioner is required—

“(b) To prepare and send to the Tuberculosis Officer in regard to each
 “patient who is recommended by the Tuberculosis Officer to receive
 “treatment for tuberculosis from the Practitioner reports on forms
 “to be provided by the Tuberculosis Officer and approved by the
 “Ministry for the purpose, at such reasonable intervals, not
 “exceeding three months, during the continuance of such treatment
 “as may be arranged between the Practitioner and the Tuberculosis
 “Officer.”

RE-EXAMINATION OF PATIENTS ON DOMICILIARY AND
PANEL TREATMENT.

In addition to the quarterly reports of Domiciliary Doctors regarding tuberculous patients under their care, a special re-examination of patients on Domiciliary and Panel treatment is made at regular intervals by the medical staff of these Institutes. During the year 1936, 1,099 such special re-examinations were made, with the results set out hereunder:—

Table 6.—Shows the Condition of Domiciliary and Panel patients re-examined during the year.

Year	Disease Apparently Cured	Disease Quiescent	Greatly Improved	Improved	In Statu Quo	Worse	Total
1932	52	155	77	163	748	119	1314
1933	56	136	74	141	620	84	1111
1934	55	81	61	151	584	75	1007
1935	54	87	60	114	618	39	972
1936	103	106	98	111	644	37	1099

(It should be noted that the above re-examinations are exclusive of repeated examinations of new patients for purposes of establishment of diagnosis; of routine re-examinations of patients in attendance at the Institutes; and of re-examinations of patients for special purposes).

The figures under the headings “Disease Apparently Cured” and “Disease Quiescent” afford clear proof that tuberculosis is a disease which is amenable to treatment. These figures represent 19.0 per cent. of the total re-examination of Domiciliary patients, but many patients fail to attend for re-examination, who in all probability have quite recovered from their original symptoms, so that 19.0 per cent. may be taken as a modest estimate of recovery.

Occupations of Tuberculous Patients at their First Examination.

TABLE 7.

I.—GENERAL, OR LOCAL GOVERNMENT OF THE COUNTRY.

Male.	Female.
Nil.	Nil.

II.—PERSONS ENGAGED IN THE DEFENCE OF THE COUNTRY.

Policeman	.....	1	Nil.
Soldier (Discharged)	.....	13	

III.—PERSONS ENGAGED IN PROFESSIONAL OCCUPATIONS (AND THEIR SUB-ORDINATES).

Cinema Attendant	.....	2	Cinema Attendant†	.....	1
Dental Mechanic	.....	1	Nurse	.....	3

IV.—PERSONS ENGAGED IN DOMESTIC OR PERSONAL OFFICES OR SERVICES.

Cleaner	.....	1	Charwoman	.....	1
Hairdresser	.....	2	General Servant	.....	11
			Hairdresser	.....	1
			Housekeeper	.....	5

V.—PERSONS ENGAGED IN COMMERCIAL OCCUPATIONS.

Clerk	.....	12	Clerk	.....	7
Insurance Agent	.....	2	Florist	.....	1
Meter Inspector	.....	1	Shop Girl	.....	12
Salesman	.....	3			
Shop Assistant	.....	8			
Traveller	.....	2			

VI.—CONVEYANCE OF MEN, GOODS, MESSAGES.

Carter	.....	3	Nil.
Messenger	.....	6	
Motor Driver	.....	17	
Newsboy	.....	1	
Porter	.....	1	
Postman	.....	1	
Storeman (G.P.O.)	.....	1	
Storeman (Rly.)	.....	1	
Tram Conductor	3	
Truck Boy	1	
Vanman	1	

VII.—PERSONS ENGAGED IN AGRICULTURE.

Nil	Nil.
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VIII.—PERSONS ENGAGED ABOUT ANIMALS.

Horse Trainer	1	Nil.
Yardman	1	

IX.—PERSONS WORKING OR DEALING IN PRINTING, BOOKS, ETC.

Paper Cutter	.....	1	Nil.
Printer	.....	1	

X—PERSONS ENGAGED WITH MACHINES AND IMPLEMENTS.

Male.			Female.
Blacksmith	.....	1	Nil.
Brass Moulder	.....	1	
Cable Joiner	.....	1	
Coppersmith	.....	1	
Engineer	.....	1	
Fireman	.....	2	
Fitter	.....	11	
Iron Moulder	.....	3	
Iron Turner	.....	1	
Jacker	.....	1	
Oiler	.....	2	
Pattern Maker	.....	1	
Pipe Coverer	.....	1	
Sheet Metal Worker	.....	1	
Steel Worker	.....	1	

XI.—PERSONS WORKING AT HOUSES, FURNITURE AND DECORATIONS.

Bricklayer	.....	2		
Cabinet Maker	.....	1	Matress Maker	..... 1
Carpenter	.....	3		
Electrician	.....	4		
House Repairer	.....	2		
Painter and Glazier	.....	5		
Plasterer	.....	2		
Plumber	.....	2		
Upholsterer	4		
Wire Mattress Worker	1		

XII.—CARRIAGES AND HARNESS.

Coach Painter	2	Nil.
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XIII.—SHIPS AND BOATS.

(See also under X.—“Machines and Implements.”)

Caulker	1	Nil.
Heater Boy	.....	1	
Holder Up	.....	1	
Machinist (Shipyard)	.....	1	
Plater	.....	2	
Riveter	.....	1	
Shipwright	.....	1	

XIV.—CHEMICALS AND COMPOUNDS.

Nil.

Nil.

XV.—TOBACCO AND PIPES

Tobacco Worker	.....	1	Cigarette Packer	..... 1
			Tobacco Stripper	..... 6
			Tobacco Worker	..... 3

XVI.—FOOD AND LODGINGS.

Baker	.....	3	Baker	..... 1
Barman	.....	4	Cook	..... 2
Butcher	.....	2	Pastry Packer	..... 1
Grocer	.....	2	Syphon Filler	..... 1
Milk Server	.....	3	Waitress	..... 5
Pastry Checker	.....	1		
Waiter	.....	1		

XVII.—TEXTILES.

Bogey Boy	.....	1	Backminder	..... 2
Flax Rougher	.....	2	Box Folder	..... 3
Packer	.....	2	Cager	..... 1
Presser	.....	1	Carder	..... 1
Rover	.....	1	Cloth Picker	..... 1
Spindle Grinder	.....	1	Collar Turner	..... 1
			Doffer	..... 10

MALE.			Female.		
Tenter	.....	1	Drawer	.....	12
Weaver	.....	1	Embroiderer	.....	1
Yarn Boy	.....	1	Examiner	.....	1
Yarn Dresser	.....	1	Finisher	.....	1
			Laundress	.....	8
			Layer	.....	2
			Netter	.....	1
			Nickler	.....	1
			Ornamentor	.....	1
			Piecer	.....	1
			Reeler	.....	8
			Rover	.....	5
			Spinner	.....	19
			Stitcher	.....	17
			Tow Sorter	.....	1
			Tracer	.....	1
			Wareroom Worker	.....	2
			Weaver	.....	15
			Winder	.....	7
			Factory Worker or Mill-worker (not otherwise defined)	.....	3
			Yarn Examiner	.....	1
XVIII.—DRESS, ETC.					
Boot and Shoe Maker	.....	4	Apron Maker	.....	1
Draper	.....	3	Cleaner and Presser	.....	3
			Dressmaker	.....	1
			Needleworker	.....	1
			Tailoress	.....	1
XIX., XX., and XXI.—ANIMAL, VEGETABLE AND MINERAL SUBSTANCES.					
Skin Dresser	.....	1	Nil.		
XXII.—GENERAL OR UNSPECIFIED COMMODITIES.					
Bill Poster	.....	1	Boxmaker	.....	1
Box Maker	.....	1	Housewife	.....	104
Dealer	.....	7			
Flower Seller	.....	1			
Golf Caddie	.....	1			
Labourer	.....	89			
Potter	.....	1			
Street Singer	.....	1			
Timber Feller	.....	1			
Window Cleaner	.....	2			
XXIII.—REFUSE MATTERS.					
Bin Man	.....	1	Waste Sorter	.....	1
Street Cleaner	.....	2			
XXIV.—PERSONS NOT FOLLOWING PRODUCTIVE OCCUPATIONS.					
School Boy	.....	200	School Girl	.....	200
Male Children under School Age	.....	48	Female Child under School Age	.....	32
No Occupation	.....	18	No Occupation	.....	9
Total Males	.....	565	Total Females	.....	544

THE QUESTION OF INFECTION.

Table 8.—Shows the possibility of infection by living, or having lived, with other tuberculous persons.

Year ended	Number of New Patients who are living, or have lived with one or more definitely tuberculous persons.							
	With 1	With 2	With 3	With 4	With 5	With 6	With over 6	Total
31st Dec., 1933	242	114	31	13	5	2	3	410
31st Dec., 1934	293	117	43	14	8	5	0	480
31st Dec., 1935	333	135	49	23	5	1	3	549
31st Dec., 1936	280	112	47	16	7	3	1	466

The foregoing Table shows that of the 1,109 new tubercular patients examined during the year, 466, or 42 per cent. had a definite opportunity of infection through contact with other tuberculous patients. The 643 patients who gave no history of contact with the disease may have included a considerable number who actually had been in contact with tuberculosis, but were unaware of the fact. Indeed an extensive use of the Purified Protein Derivative (P.P.D.) Test has shown us that this is actually the case.

I offer no apology for again repeating the fact that the essential cause of tuberculosis is the tubercle bacillus from the sputum or other infective discharge of a patient. If infective tuberculous sputum is carefully disposed of, and if scrupulous care is taken by the patient and by the person in charge of the patient, especially in regard to the thorough cleansing of hands, and segregation or sterilisation of the utensils used by the patient, there will be little risk of infection spreading to other members of the family. Every patient, indeed, should have a separate set of table utensils.

SPITTING.

There is still room for a good deal of improvement in the matter of refraining from spitting on footpaths and in public conveyances. Many of the people who offend in this matter do so from want of thought, and only need to have their attention directed to its danger. Apart altogether from the offence which this habit causes to others in the vicinity of the person guilty of it, there is the grave risk that dried sputum carried in the air will be inhaled by the public who may, thereby, become infected not only with tuberculosis, but with other equally dangerous and infective diseases.

VISITATION OF THE PATIENTS IN THEIR HOMES.

With the object of diffusing amongst the people a more practical knowledge of the causes of tuberculosis, and of the prevention of its spread in the family and in the community, our staff of Tuberculosis Health Visitors paid 41,744 visits to patients in their own homes during the year. But the prevention of tuberculosis is not the only objective of the Health Visitor: she is the adviser and helper of the patient and his family in their domestic, economic and financial problems, and it is through her efforts that the necessities of the patients are brought to the knowledge of the various welfare societies who may be in a position to offer assistance. In this way our Health Visitors form a very efficient "after care" corps, and their reports as to the needs of their patients are received and carefully investigated, and, where necessary, passed on to the Belfast Council of Social Welfare or otherwise dealt with.

HOME CONDITIONS.

Table 9.—Shows the number of rooms in domiciles occupied by tuberculous patients at their first examination.

Year Ended	Rooms in Domicile	One	Two	Three	Four	Five	Six	Seven	Over Seven	Total
	Patients									
31st Dec., 1934		47	61	138	693	113	69	16	4	1141
31st Dec., 1935		58	92	169	682	114	58	12	5	1190
31st Dec., 1936		26	70	147	593	113	56	17	6	1038

HOME CONDITIONS AT THE FIRST VISIT OF THE NURSE.

Table 10.—Shows the conditions of the homes of the new patients examined during the year, on the first visit of the nurse.

Year Ended	Excep. Good	Very Good	Good	Aver- age	Bad	Very Bad	Excep. Bad	Total
31st Dec., 1934	3	32	163	707	144	78	14	1141
31st Dec., 1935	8	22	146	720	190	78	26	1190
31st Dec., 1936	1	31	215	609	126	46	10	1038

The decision as to which of the above headings the condition of the home shall be placed under, has been arrived at after careful consideration of the number of inmates in the house, its cleanliness, ventilation, etc.

PERSONS IN THE SAME BEDROOM AS THE PATIENT.

Table 11.—Shows the number of tuberculous patients sleeping in the **same bedroom** with other persons, as ascertained at the first visit of the nurse.

Year Ended	Alone	With 1 other	With 2 others	With 3 others	With 4 others	With 5 others	With 6 others	With 7 others or over	Total
31st Dec., 1934	184	439	285	141	60	25	4	3	1141
31st Dec., 1935	201	422	296	141	65	37	17	11	1190
31st Dec., 1936	190	373	235	153	51	19	8	9	1038

PERSONS IN THE SAME BED WITH THE PATIENT.

Table 12.—Shows the number of tuberculous patients sleeping in the **same bed** with the undermentioned numbers of other persons, as ascertained at the first visit of the nurse.

Year Ended	Alone	With 1 other	With 2 others	With 3 others	With 4 others	With 5 others or over	Total
31st Dec., 1934	325	544	200	63	6	3	1141
31st Dec., 1935	336	521	257	59	7	10	1190
31st Dec., 1936	293	495	190	49	8	3	1038

WHERE THE PATIENTS LIVE.

Table 13.—Indicates by wards, arranged in alphabetical order, the localities in which new tuberculous patients lived at the time of their first examination.

Clifton	94	St. George's	37
Court	74	Shankill	92
Cromac	48	Smithfield	45
Dock	74	Victoria	98
Duncairn	63	Windsor	42
Falls	77	Woodvale	75
Ormeau	100	Outside City Boundary	6
Pottinger	114		
St. Anne's	70	Total	1,109

With this Table showing the localities in which the patients live, or were living at their first examination, it is interesting to compare the accompanying Chart, which sets out graphically the wards in which deaths from pulmonary tuberculosis took place during the year 1936.

CHART 2.

SHOWS THE DEATHS FROM PULMONARY TUBERCULOSIS AS A RATE PER 10,000 INHABITANTS, LIVING IN THE WARDS IN WHICH THE DEATH OCCURRED (1936)

WARDS.	DEATHS OF PATIENTS PER 10,000 INHABITANTS IN EACH WARD.																			
1. FALLS	14																			
2. ST. ANNE'S	13																			
3. DOCK	13																			
4. ST. GEORGE'S	11																			
5. POTTINGER	11																			
6. CLIFTON	10																			
7. ORMEAU	10																			
8. WOODVALE	9																			
9. COURT	9																			
10. VICTORIA	8																			
11. SMITHFIELD	8																			
12. CROMAC	7																			
13. WINDSOR	7																			
14. DUNCAIRN	6																			
15. SHANKILL	6																			

X-RAY DEPARTMENT.

During the year, 2,341 X-ray films were developed, work which has entailed a great deal of extra labour on the clinical staff. On the other hand the information gained in precision and certainty of diagnosis has more than compensated for the extra labour involved.

ARTIFICIAL PNEUMOTHORAX REFILLS.

During the year, at the Institutes, 174 Artificial Pneumothorax refills were completed, which greatly inconvenienced the patients; enabling them to have this necessary operation without returning to the Sanatorium, unless when recalled.

ARTIFICIAL LIGHT DEPARTMENT.

The Artificial Light Installation (five types of lamp at the Central Tuberculosis Institute and two types at the Albertbridge Road Institute) is still found

of value in the treatment of various non-pulmonary forms of tuberculosis, especially in glandular and osseous tuberculosis, and in lupus. The results of treatment of delicate "contact" children by the carbon-arc lamp (radiant heat and ultra-violet light combined) have been most gratifying. The infra-red lamps have also been found very useful in the treatment of painful conditions generally, and also in promoting cure in more slowly-healing ulcers.

Table 14.—Shows the number of Light Treatments administered during the year :—

Institution	Treatments Given					Total
	Carbon Arc	Mercury Vapour	Kromayer	Sollux	Infra Red	
Central	2444	—	50	6	31	2531
A.B. Road	—	3110	—	—	80	3190
	2444	3110	50	6	111	5,721

DENTAL DEPARTMENT.

Table 15.—Shows the nature and amount of the dental work carried out for patients during the year.

Institute	Fillings	Dressings	Extractions	Total Treatments
Central	55	525	148	728
A.B. Road	81	554	89	724
Graymount	49	384	21	454
G.O.A. School	166	818	26	1010
Total	351	2281	284	2916

LABORATORY WORK.

Table 16.—Shows the nature and amount of the laboratory work done during the year.

Year Ended	Examinations.			Tuberculins prepared
	Sputa for T.B. etc.	Chemical (Sputa & Urines)	Haematological (Blood Sedimentation & blood film reading)	
31st Dec., 1935	932	1006	130	15
31st Dec., 1936	903	968	137	25

The haematological examinations consist mainly of blood sedimentation tests and differential blood-counts. Without making any claim as to the value of blood examination in itself as an aid to diagnosis, I have found that the sedimentation test and blood cell assessment and ratios are of great assistance in arriving at a decision as to prognosis, and as a scientific and reliable guide in treatment. By means of these tests, the physician is relieved from dependence on the frequently misleading opinion of the patient as to his own condition and progress.

ALBUMIN IN SPUTUM.

The presence of albumin or albumose in sputum is always significant, and a consideration of Table 18 above shows how rarely albumin or albumose is absent when tubercle bacilli are found in the sputum. In all probability the presence of albumin or albumose is due to cytolysis, and if the pulmonary lesion is active it is natural that these should be found in the sputum of the tuberculous patient.

We have begun an interesting follow-up (which will require some years to complete) of patients whose sputum shows albumin or albumose, but no tubercle bacilli.

TECHNIQUE of the Albumin Test. The following has been found satisfactory: Two volumes of three per cent. acetic acid is mixed with one volume of sputum to get rid of mucus. If the mucus comes through on first filtration, the filtration must be repeated until the fluid is clear. Albumin is then tested for by one of the classical methods, and, if present, will appear as a curdy precipitate, which settles, on standing, as a sediment in the bottom of the tube. Fishberg observes that "nothing but a curdy precipitate should be regarded as positive, because the presence of mucus may give a cloudy precipitate on boiling, although this precipitate is not curdy, nor does it settle on standing."

Table 17.—Shows the result of examinations of sputa for tubercle bacilli and albumin, or albumose.

T.B.+Alb.+	T.B.+Alb.—	T.B.—Alb—	T.B.—Alb.+
117	11	704	71

P. P. D. (PURIFIED PROTEIN DERIVATIVE) TESTS.

During the year we continued the use of P.P.D. (Purified Protein Derivative)—an improved agent in the diagnosis and prognosis of tuberculosis. By the end of the year we had made 1,549 tests, in all 2,858 since we began its use. The value of P.P.D. as a diagnostic test is undoubted, although it consists only of the protein fraction of the tubercle bacillus which elicits the hyper-sensitivity acquired by those who have been infected by the tubercle bacillus. In this it is quite as effective as Old Tuberculin without the undesirable secondary effects of the latter's lipid and carbo-hydrate fractions, thus avoiding in large measure, febrile manifestations—headache, malaise, etc.—of Old Tuberculin. All the tests have been done by the intradermal method in 0.1 c.c. doses of varying strengths of P.P.D. as issued in tablet form by Parke, Davis & Co. To avoid the necessity of making due allowance for varying reactions caused by varying doses at different times in the same patient, I have adopted the formula of von Groer for calculating a 'Constant' of sensitivity in the patients under test.

Time has proved the value of these Tuberculin Tests especially in children. First, if the test is positive it indicates that the patient has been infected with tubercle bacilli, although the signs of tuberculosis may not yet be apparent, even by the use of X-rays. Secondly, if the test is repeated at periodical intervals the reaction may be a valuable guide to the progress or regression of the disease, and, thirdly, if the test is negative, especially in the higher dilutions of Tuberculin, we are enabled to differentiate such diseases as bronchitis, wasting, etc., from tuberculosis, and thus avoid the error of labelling a patient "tuberculous" when the disease may be due to some other organism.

Table 18 shows the number of P.P.D. Tests carried out during the year 1936 :—

Year ended	Central Institute	Albertbridge Rd. Institute	Total
31st Dec., 1935	732	577	1,309
31st Dec., 1936	763	786	1,549

TREATMENT OF INSURED AND NON-INSURED PERSONS.

Table 19.—Shows the number of Insured and Non-Insured persons examined for the first time, and patients formerly diagnosed ‘Suspect’ or ‘Non-tuberculous’ whose diagnoses were altered to ‘Tuberculous’ or ‘Non-tuberculous’ during the year 1936:—

Year	Insured & Exempt		Total	Per cent. of Grand Total	Non-Insured		Total	Per cent. of Grand Total	Grand Total
	Male	Female			Male	Female			
1935	362	384	746	28%	922	1005	1927	72%	2673
1936	406	363	769	29%	849	1028	1877	71%	2646

Table 20.—Shows the number of patients found on examination to be tuberculous or ‘suspect’ requiring treatment, and the number found to be non-tuberculous

Year	berculous Suspect				Total	Per cent. of Grand Total	. Non- Tuberculous				Total	Per cent. of Grand Total	Grand Total
	Insured		Non- Insured				Insured		Non- Insured				
	M.	F.	M.	F.			M.	F.	M.	F.			
1935	273	226	557	566	1622	61 %	89	158	365	439	1051	39%	2673
1936	339	235	486	619	1679	63%	67	128	363	409	967	37%	2646*

*The grand total includes 549 “suspects” transferred in the year under review to the tuberculous or non-tuberculous class.

Table 21.—Shows the forms of tuberculosis from which new Insured patients examined during the year were found to be suffering.

Year	Pulmonary		Glandular		Osseous		Abdominal		Other or General		Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1935	228	180	6	8	3	2	2	2	—	1	432
1936	234	139	2	6	1	1	2	4	3	1	393

The number of Insured persons under supervision, or treated throughout the year was 3,162. The number on Panel treatment at the end of the year, compared with previous years, is shown in the following table.

Table 22.—Shows the number of Insured persons on treatment or under medical supervision at the end of the years indicated.

Year	1928	1929	1930	1931	1932	1933	1934	1935	1936
Persons	1817	1909	1806	2068	2448	2189	2564	2465	2434

The figures set out in the above Table clearly indicate that the increase in the numbers of patients is due largely to increasing numbers of Insured Persons presenting themselves for examination and treatment.

TREATMENT OF EX-SERVICE MEMBERS.

The number of men who served in the war, examined for the first time during the year, was 13 as compared with 41 in the year 1935.

Table 23.—Shows the number of Discharged Service members on the various forms of treatment, at the dates mentioned.

Date	Institute	Panel	Sanatorium	Belfast Infirmary	Total
31st December, 1934	6	186	2	2	196
31st December, 1935	7	143	5	—	155
31st December, 1936	6	140	6	—	152

PREGNANCY AND TUBERCULOSIS.

Regarding the effects of pregnancy on tuberculosis and of tuberculosis on pregnancy, I have made continued enquiry into the results of pregnancy in tuberculous mothers, and the results are set out hereunder :—

Table 24.—Shows the end results of pregnancy in tuberculous mothers :—

	Miscarried	Delivered of—			Total
		Living Full-term child	Premature child	Deadborn child	
No.	116	1777	46	58	1997
Percentage	5.8%	89%	2.3%	2.9%	100%

These percentages remain practically the same as those observed in previous years.

With regard to the condition of children born of tuberculous mothers : we have kept records of the condition of a number of these children over a period of eleven years. All the children observed were born since the mothers were diagnosed as tuberculous, and the reports on their health at the end of the year 1936 were as follows :—

Table 25.—Shows the condition of 1,259 children born of tuberculous mothers as noted at the last visit of the Nurse during the quarter ended 31st December 1936 :—

	Apparently Healthy	Delicate	Tuberculous	Dead	Total
No.	852	114	77	216	1259
Percentage	67.7%	9.1%	6.1%	17.1%	100%

RAINFALL.

Table 26.—Shows the Rainfall in inches and the days on which rain fell during the year 1936, as compared with 1934 and 1935, according to data kindly supplied by the Secretary of the Belfast Water Commissioners.

Year	Rainfall in inches	Days on which rain fell.
1934	37.90	204
1935	35.69	181
1936	39.57	179

INSTITUTIONAL ACCOMMODATION.

In accordance with a request from the Ministry of Home Affairs, the following particulars are set out annually :—

Hospitals provided by the Council of the County Borough of Belfast

Tuberculosis Hospitals.

- | | |
|--|----------|
| 1. Municipal Hospital for Tuberculous Children, Graymount, Belfast (For the treatment of non-pulmonary tuberculosis in children) | 58 beds |
| 2. Municipal Sanatorium, Whiteabbey, Co. Antrim (For all forms of tuberculosis in adults and children) | 285 beds |

Clinics and Treatment Centres.

- | | |
|--|------------|
| 1. Central Tuberculosis Institute, Durham Street, Belfast. | |
| 2. Tuberculosis Institute, 225 Albertbridge Road (Branch). | |
| 3. Open-air School—Day Section—Graymount, Belfast | 120 places |

Artificial Light Clinics for Tuberculous Diseases.

- | | |
|---|--|
| 1. At Central Tuberculosis Institute, Durham Street, Belfast. | |
| 2. At Tuberculosis Institute, 225 Albertbridge Road, Belfast. | |

MUNICIPAL SANATORIUM.

For details of the work carried on at the Municipal Sanatorium the Report of the Resident Medical Superintendent, Dr. P. S. Walker, should be consulted. Here it will be sufficient to say that during the year, 709 patients were admitted to the Institution and 703 were discharged. As in previous years I stress the necessity for increased accommodation for patients in all stages of the disease, but as the Committee have this matter already well in hand I need not stress the matter further in this Report.

GRAYMOUNT HOSPITAL.

Details of the work carried on at the Municipal Hospital for Tuberculous Children, Graymount, will be found in the Annual Report of the Visiting Surgeon, Mr. H. P. Malcom, M.C. Since the opening of the Hospital in 1921, 384 patients have been admitted suffering from the various forms of non-pulmonary tuberculosis (mainly osseous). In well over 80 per cent of the patients discharged from the Hospital the disease was cured without deformity. For many years I have drawn attention to the urgent necessity for additional accommodation for children suffering not only from osseous tuberculosis, but from all other forms of the disease, and here need only to express my pleasure at the fact that the Committee have not only recognised this need but are making active efforts to provide the accommodation required by making arrangements to build a new Hospital for tuberculous children.

GRAYMOUNT OPEN-AIR SCHOOL.

The Open-air School still labours under the difficulties already referred to in previous reports as regards restricted and unsuitable accommodation. Indeed the Ministry of Education have drawn attention to the urgent necessity for a new and better school. If such were provided, with greater accommodation many children who are now merely infected but not yet suffering from clinical tuberculosis might be prevented from developing the disease in later life. But for the whole-hearted zeal of the Principal, Miss W. H. Thompson, and her four devoted Assistants, it would be almost impossible to carry on the school under present conditions. Our close association with the School Medical Service Department, under Dr. T. S. F. Fulton, for several years past, indicates that there is also a need for other schools run on similar lines to Graymount Open-air School, to provide for the education of those "delicate" children who may have no known contact with tuberculosis. The fresh air, mid-day rest and nourishing food provided in such schools would go far towards building up many delicate children into healthy adults.

It is well to bear in mind that the Open-Air School at Graymount consists of two sections—one, a Day section to which the children go in the morning and return home in the evening, and the other a Hospital section which provides for the education of the children while undergoing treatment in the Hospital. At the Day section, in addition to education, the children are provided with two meals, and, what is next in importance, a mid-day sleep—outside on good days or when the weather is unfavourable in a building glazed with “Vita Glass,” which ensures the transmission of ultra violet rays from outside.

The average daily attendance at both Sections of Graymount Open-air School during the year was as under:—

Day Section	.....	.....	.....	.....	110.4
Hospital Section (exclusive of children in the Hospital unsuitable for school)	.....	.....	.....	.....	46.7
Total average at both Sections	.....	.....	.....	.....	157.1
Number on Rolls at 31/12/36	.....	.....	.....	.....	162.

MILK.

It is satisfactory to note that the demand for clean milk continues to increase; thus in the year ended 31st December, 1936, the number of Licenced A and B Producers in Northern Ireland was 1007. The result of this greater attention to milk—both qualitatively and bacteriologically—must be to make milk less and less responsible for non-pulmonary tuberculosis. It will not, however, as is so often claimed, wipe out non-pulmonary tuberculosis altogether, since infection from cases of human tuberculosis still operate to produce its quota of the non-pulmonary forms of the disease. But, however clean and bacteriologically pure milk may be at its source, care in its transport and distribution, and in the handling in the home will always be a matter of urgent necessity, since contamination with bacteria from human beings will still be a possible means of conveying disease from the sick to the healthy. The benefits of clean milk may be summed up as follows:—

1. It will remove *one* source of infection by the tubercle bacillus.
2. It will help to reduce the incidence of diphtheria, scarlet fever, typhoid, and perhaps other indeterminate inflammatory illnesses.

Unfortunately it has been noticed in many places that the necessarily high price of clean milk has brought about the undesirable result that the poorer classes have fallen back in large measure on the use of tinned milk, which has the objection that its vitamin content is very much lower than that of whole fresh milk.

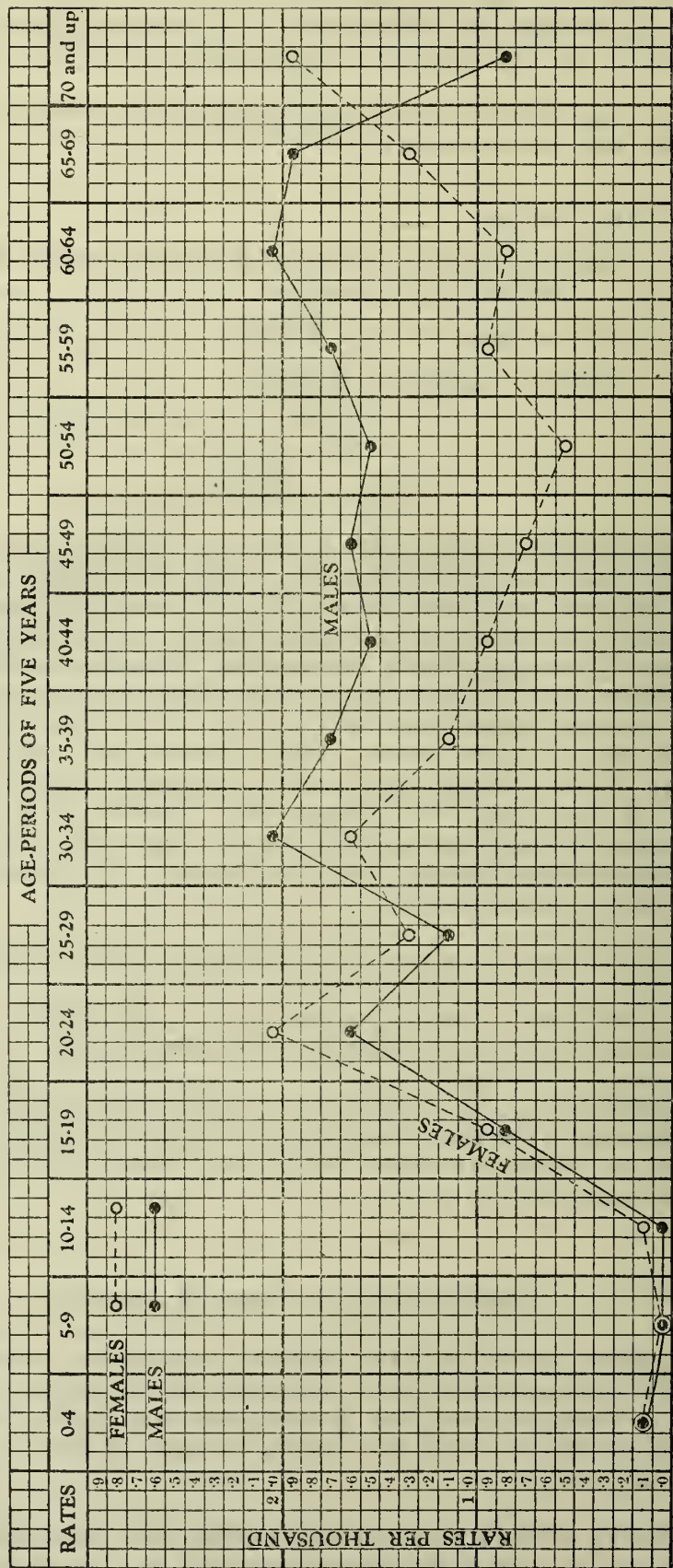
DEATHS AND DEATH RATES

PULMONARY TUBERCULOSIS—The number of deaths in Belfast from pulmonary tuberculosis in 1936, according to the Registrar General's Returns, was 406, as compared with 401 in 1935, and with 836 in 1914. The death rate, therefore, in 1936 was 0.97 per 1,000 a decrease of 53.8 per cent., as compared with 2.1 in 1914.

NON-PULMONARY TUBERCULOSIS—The number of deaths from the non-pulmonary forms of tuberculosis in 1936 was 94, as compared with 108 in 1935, and 290 in 1914. The death rate, therefore, from non-pulmonary tuberculosis in 1936 was 0.22 per 1,000 (the lowest rate on record in Belfast) as compared with 0.72 in 1914—a reduction in the non-pulmonary mortality rate of about 70 per cent. in twenty-two years.

CHART 3

SHOWING THE INCIDENCE OF MORTALITY FROM PULMONARY TUBERCULOSIS
AMONG MALES AND FEMALES IN AGE-PERIODS OF FIVE YEARS, CALCULATED
PER 1,000 MALES AND FEMALES LIVING IN EACH AGE-PERIOD, FOR THE YEAR
ENDED 31st DECEMBER, 1936.



NOTIFICATION OF TUBERCULOSIS.

Of the 500 persons who died from all forms of tuberculosis during the year, 400 (80 per cent.) were patients who had been notified either to this Department or to the Medical Officer of Health. Of these 400, 52 (13 per cent.) died within one month of notification; 73 (18.25 per cent.) lived over one month, but died within six months from the date of notification; while 48 (12 per cent.) lived over six months, but died within one year. In other words, no fewer than 173 (43.25 per cent.) died within a year of notification. With the exception of the last three years, our general experience has been that of the patients dying in any year from tuberculosis, not more than 50 per cent. have been known to us for a year or longer. Notwithstanding the operation of Medical Benefit, and the consequent provision of free medical advice for a large section of the community, it would seem that late notification of tuberculosis is almost entirely due to delay on the part of the patient in consulting his medical attendant. It is to be feared that this delay is due to the fatal but vain hope of the average tuberculous patient that there is nothing seriously wrong with him, or that his disease will clear up automatically. Even when there is no longer any doubt as to the tuberculous condition, the patient will frequently refuse to avail himself of the facilities for proper treatment, and it is only when he is no longer able to work, or to get about, that he will admit his need for anything further than general treatment.

Table 27.—Shows the New Cases and Deaths during the Year 1936 :—

Age Periods	New Cases		DEATHS.			
	All Forms of Tbs.		Pulmonary (Including Miliary)		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.
0-4 incl.	49	35	3	3	12	12
5-9 "	109	118	1	1	5	0
10-14 "	97	93	1	3	5	2
15-19 "	51	49	16	19	1	5
20-24 "	50	63	30	43	7	2
25-34 "	88	85	47	53	4	5
35-44 "	58	54	38	28	4	3
45-54 "	38	22	32	15	4	1
55-64 "	18	18	26	14	1	1
65 and upwards	7	7	10	15	.....	2
Totals	565	544	204	194	43	33

The figures concerning deaths in the above Table are compiled from the Returns of deaths occurring in the city submitted weekly by District Registrars to the M.S.O.H. and are subject to correction by the Registrar General for Northern Ireland.

Table 28.—Shows the results of treatment according to the reports received from Institute, Institutional, Domiciliary, and Panel Doctors :—

Form of Treatment.	Reports received throughout the Year.	Condition as shown in Reports received during the last Quarter of the year.				
	D.A.C.* or D.Q.	G.I.	Imp.	I.S.Q.	Worse	Total
In Municipal San	4	4	150	18	3	179
On discharge from Municipal Sanatorium	53	3	92	25	13	186
In Graymt. Hospital	32	30	13	2	.....	77
On discharge from Graymt. Hospital	15	.....	.....	1	.....	16
At Graymount Open Air School .....	.....	43	92	26	8	169
Domiciliary & Panel	246	110	919	2267	181	3723
Institutes	13	1	228	299	3	544
Total	363	191	1,494	2,638	208	4,894

*D.A.C.—Disease apparently cured.

D.Q.—Disease Quiescent.

G.I.—Greatly Improved.

Imp.—Improved.

I.S.Q.—In Statu quo.

10. **Table 29.**—Shows the declining trend of the death rate from tuberculosis in Belfast during the last 23 years :—

Year.	No. of Deaths		Death Rate per 100,000		Comparison with 1914 as 100	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
1914	836	290	209	72	100	100
1915	770	286	208	82	92.10	98.6
1916	792	259	212	77	94.73	89.31
1917	912	289	237	80	109.09	99.65
1918	992	265	267	74	118.66	91.37
1919	867	261	212	67	103.70	90.0
1920	783	225	184	52	93.66	77.58
1921	624	163	161	42	74.64	56.20
1922	534	158	147	36	63.87	54.48
1923	528	159	133	38	63.15	54.82
1924	615	166	139	38	73.56	57.24
1925	571	202	131	40	68.30	69.65
1926	582	141	140	34	69.61	48.62
1927	509	152	122	36	60.88	52.41
1928	493	147	119	35	58.97	50.68
1929	475	122	114	29	56.81	42.06
1930	469	129	113	31	56.10	44.48
1931	438	124	105	30	52.39	42.75
1932	427	128	103	31	51.07	44.13
1933	450	159	108	38	53.82	54.82
1934	448	122	108	29	53.58	42.06
1935	401	108	96	26	47.96	37.24
1936	406	94	97	22	48.56	32.40

From this Table it will be seen that for every 100 person who died of pulmonary tuberculosis in Belfast in 1914, 48.56 died in 1936—a reduction in the pulmonary death rate of almost 52 per cent. in 23 years; while for every 100 who died of non-pulmonary tuberculosis in 1914, 32.40 died in 1936—a reduction in the non-pulmonary death rate of nearly 68 per cent. over the same period.

SUMMARY.

1. During the year, 2,097 persons notified as suffering from signs of tuberculosis in various forms were examined, as compared with 2,311 in the previous year (vide Table 1).

2. Of the 2,097 persons examined during the year, 42 per cent. were found to be tuberculous, and 21 per cent. “suspect,” while 37 per cent. were regarded as not suffering from tuberculosis (vide Table 2).

3. The re-attendances of old patients at the Institutes for examination and treatment numbered 23,908 as compared with 24,140 in the year 1935. This in addition to the 2,097 new patients examined, makes a total of 26,005 attendances and treatments during the year. 184 old patients were too ill to attend the Institutes and were re-examined in their own homes, and 98 were re-examined at the Belfast Infirmary by the Staff of the Institutes. This, of course is exclusive of attendances on patients in their own homes by Panel Doctors and Domiciliary Doctors acting under the scheme of the Corporation.

4. The number of contacts examined during the year was 647, of whom 253 (39 per cent.) were found to be suffering from tuberculosis.

5. The number of patients on the various forms of treatment and under observation at the 31st December were as follows :—

Institutes	1,062
Panel and Domiciliary	4,370
Sanatorium	206
Graymount Hospital	54
Graymount O.A. School	124
Belfast Infirmary	19

Total	5,835
-------	-------

6. The number of visits paid by the Visiting Nurses to patients in their own homes during the year was 41,744 as compared with 40,389 in 1935.

7. The total number of patients who received treatment, or who passed under observation, during the year was 7,445.

8. During the year, 406 persons died of the pulmonary form of tuberculosis and 94 of the non-pulmonary forms as compared with 401 and 108 respectively in the preceding year. These figures represent rates of 0.97 per 1,000 from pulmonary tuberculosis, and 0.22 per 1,000 from non-pulmonary tuberculosis.

9. Of the 500 persons who died in Belfast from all forms of tuberculosis during the year, 400 were patients under the care of this Department. Of these, 52 died within one month of their first examination by us; 125 within six months 173 or over 43.25 per cent. within one year. From these figures it may be inferred that the stage at which patients are first notified is often too late to admit of effective treatment.

It is with great pleasure that I again record the happy relations that have existed during the year, as indeed at all times, between the Belfast Poor Law Guardians and their Officials and this Department. In accepting patients urgently in need of treatment, not only for tuberculosis, but for other conditions diagnosed in the course of our examinations, and in relieving cases of distress brought to their notice through our Staff of Visiting Nurses, they have received our requests and suggestions with unfailing courtesy, and have rendered assistance where this was at all possible.

As in previous years, we have been indebted to the Belfast Council of Social Welfare for their generous assistance in investigating and relieving the necessitous circumstances of many of our patients throughout the year. To the Committee of the Lord Mayor's Coal Fund I again tender, on behalf of the patients, our grateful thanks for their very generous help in providing coal for necessitous patients, and also to the British Legion for their willing help and financial assistance to discharged tuberculous soldiers entering and leaving the Sanatorium.

I thank also the Tuberculosis Committee for the help and encouragement they have at all times freely extended, and, finally, I desire to place on record an expression of my appreciation of the work of the Staff of the Institutes,—Medical, Nursing, Clerical and General. Without their generous and willing service the work could not have proceeded so smoothly or efficiently as it has done.

I am, Ladies and Gentlemen,

Your Obedient servant,

Andrew Trimble

Chief Tuberculosis Officer.

MUNICIPAL SANATORIUM, WHITEABBEY.

REPORT
OF THE
Medical Superintendent.

MEMBERS OF THE TUBERCULOSIS COMMITTEE, 1936.

THE RIGHT HONOURABLE THE LORD MAYOR,
(Councillor SIR CRAWFORD McCULLAGH, Bart., D.L., J.P.)

Councillor W. A. COCHRANE, J.P.
(Chairman).

Councillor S. V. TUGHAN.
(Deputy Chairman).

Alderman Mrs. L. COLEMAN.
Alderman R. PIERCE

Alderman T. HENDERSON, M.P.
Alderman Dr. J. D. WILLIAMSON, D.L., J.P.

Councillor J. McWHIRTER
Councillor H. ARMSTRONG
Councillor J. BOYLE.
Councillor P. BROWN

Councillor R. J. GROVES.
Councillor Lt. Com. R. M. HARCOURT.
Councillor M. HOPKINS, J.P.
Councillor M. McKIBBIN.

Councillor C. SCOTT

Mr. K. M. ALEXANDER, F.C.I.I.
Miss E. M'COMB.
Mr. JAMES PARKHILL, J.P.

STAFF OF THE DEPARTMENT.

Medical Superintendent	.....	Dr. P. S. WALKER.
Visiting Physician	.....	Dr. J. C. RANKIN.
Deputy Medical Supt.	.....	Dr. D. K. WATTERSON.
House Physician	.....	Dr. W. J. PEDEN
Visiting Dental Surgeon	.....	Mr. O. BLACK, L.D.S.
Visiting Chaplain	.....	Rev. W. B. M'MURRAY, B.A.
" "	.....	Rev. F. MAGUIRE, B.A.
" "	.....	Very Rev. A. J. KENNEDY, P.P., V.F.
" "	.....	Rev. J. W. STUTT.
Matron	.....	Miss E. WOODS, S.R.N.
Steward	.....	Mr. STEWART FINLAY, J.P.
School Mistress	.....	Miss E. DUNLOP.
" "	.....	Miss E. HAMILTON.

THE REPORT OF THE MEDICAL SUPERINTENDENT
ON THE WORKING OF
THE BELFAST MUNICIPAL SANATORIUM,

For the Year Ended 31st December, 1936.

SUBMITTED TO THE MEDICAL SUPERINTENDENT OFFICER OF
HEALTH THROUGH THE CHAIRMAN AND MEMBERS OF THE
TUBERCULOSIS COMMITTEE.

Mr. CHAIRMAN, LADIES and GENTLEMEN,

I have the honour to present to you my thirteenth annual report on the work and progress of the Municipal Sanatorium.

The customary sections and schedules have been followed to facilitate comparative reference and to preserve continuity of these annual statements. The various tables have been prepared in accordance with the memos. issued by the Ministry of Health for the guidance of Tuberculosis Officers and Medical Superintendents in England and Wales.

It having been found that the value of annual returns which relate to the immediate results of treatment of definitely tuberculous patients in residential institutions had been somewhat impaired during recent years by the inclusion of a considerable number of patients who remained in institutions for short periods only, the Ministry of Health in December, 1933, issued a circular wherein it advised that it was desirable to amend the annual return and to exclude all patients whose stay in residential institutions had not exceeded twenty-eight days. Consequently in the tables in this report these "short-stay" patients have been excluded.

In accordance with the request of the Ministry of Home Affairs (N.I.) the situation of, the question of maintenance of, and the capacity of the sanatorium are briefly indicated :—

Situation :—The sanatorium is situated in the County of Antrim, some five and a half miles north of the city centre. The ordnance of the site shews that the buildings stand at various heights between 117 feet and 150 feet above sea level.

The whole is arranged as a hospital and four pavilions centering around the administrative block. The buildings are permanent, being erected with brick.

The grounds cover some 33 acres, sloping seawards; a market garden with green-houses, etc. supply the needs of the institution in respect of vegetables and, also to a certain degree with fruit. The farm also includes a piggery accommodating 60 pigs.

Maintenance.—The department is maintained on a basis of "state and rate-aided," one half of the maintenance expenditure being recouped to the City Authorities by the Ministry of Home Affairs. The question as to the responsibility for capital expenditure would seem to rest with the Local Authority.

Type of Patient.—Patients suffering from any form of tuberculosis at any age are admitted.

Capacity.—The maximum number of beds in the sanatorium is 285, the optimum being 240. The distribution of the accommodation is as follows :—

TABLE No. 1.

	Pulmonary Tuberculosis.		Surgical Beds	Total
	Sanatorium Beds.	Hospital Beds.		
Males	97	25	12	134
Females	54	25	8	87
Children	28	.....	36	64
Total	179	50	56	285

PERSONNEL.

The composition of the staff is as follows :—

General Staff—

Medical Superintendent	1
Assistant Medical Officers	2
Visiting Physician	1
Visiting Dental Surgeon	1
Chaplains	4
School Mistresses	2

Clerical Staff—

Steward	1
Clerks	2

Nursing Staff—

Matron and Asst. Matron	2
Sisters and Staff Nurses	11
Probationer Nurses	25

Domestic Staff—

Housekeeper	1
Cooks and Maids	21

Miscellaneous—

Works Superintendent	1
Engineer	1
Gardener	1
Others	15

Total Personnel	90
Nursing Staff	38
Nursing Staff per 10 beds	1.33

STATISTICS.

Table No. 2.—Annual Return showing the Extent of Treatment during 1936 (Comparative figures for the year 1935 are shewn in brackets).

	In Institution 1/1/36	Admitted During 1936	Discharged During 1936.	Died During 1936.	In Institution 31/12/36.
Number of Patients	253 (219)	709 (723)	703 (632)	49 (57)	210 (253)

Table No. 3.—Annual Return showing the Classification of the patients admitted during 1936 (excluding 25 re-admitted).

Type of Case.	Men.	Women.	Children.	Total.
Pulmonary Phthisis	263 (260)	188 (184)	156 (160)	607 (604)
Surgical Tuberculosis	8 (17)	11 (10)	47 (48)	66 (75)
Reclassified	5 (9)	3 (3)	3	11 (12)
Total	276 (286)	202 (197)	206 (208)	684 (691)

Table No. 4.—Annual Return showing the classification of patients discharged during 1936 (excluding those indicated in Table No. 5).

Type of Case.	Men.	Women	Children.	Total.
Pulmonary Phthisis	204 (177)	166 (141)	161 (114)	531 (432)
Surgical Tuberculosis	18 (7)	15 (5)	27 (37)	60 (49)
Total	222 (184)	181 (146)	188 (151)	591 (481)

Table No. 5.—Annual Return indicating patients discharged during 1936, but not included in treatment survey.

	Men.	Women.	Children.	Total.
In Residence Less than One Month	29 (39)	30 (46)	23 (28)	82 (113)
Re-discharges	8 (16)	4 (8)	7 (1)	19 (25)
Re-diagnoses, etc.	5 (9)	3 (2)	3 (1)	11 (12)
Observation not confirmed .....	.....	..... (1)	.....	..... (1)
Total	42 (64)	37 (57)	33 (30)	112 (151)

Table No. 6.—Annual Return indicating the duration of residence of patients in the sanatorium during the year 1936.

Patients discharged—

- (1) Suffering from Pulmonary Tuberculosis 129.67 days
 (2) Suffering from Non-Pulmonary Tuberculosis 181.55 days

Patients died—

- (1) Suffering from Pulmonary Tuberculosis 129.58 days
 (2) Suffering from Non-Pulmonary Tuberculosis 582.0 days

It will be noted that the average duration of treatment per patient in the Municipal Sanatorium has been materially shortened in recent years.

Analysis of observation and rediagnosed cases :—

- | | | |
|-----------------------------|-------|------------|
| A. Renal Calculus | | 1 patient |
| B. Asthma ..... | ..... | 1 patient |
| C. Syphilis ..... | ..... | 3 patients |
| D. Bronchiectasis ..... | ..... | 4 patients |
| E. Chronic Bronchitis ..... | ..... | 1 patient |
| F. Deficiency Disease ..... | ..... | 1 patient |

Complications :—

The following complications were noted upon admission or occurred during residence :—

Other forms of Tuberculosis :

Abdominal	7	Epididymitis	1
Cutaneous	2	Eye Conditions	12
Genito-Urinary	2	Gonorrhoea	1
Glandular	10	Glycosuria	1
Laryngeal	9	Haemophilia	1
Osseous	7	Icterus	1
Bronchitis	2	Ischiorectal Abscess	3
Carbuncles	2	Lues	2
Carditis	3	Orchitis	1
Congenital Deformity of Spine	1	Pleural Effusion	5
Dental Abscess	2	Pleurisy	3
Diabetes Mellitus	4	Psoriasis	1
Deformities	1	Pyopneumothorax	1
Disseminated Sclerosis	1	Sciatica	1
Ear Conditions	8	Skin Conditions	10
Empyema	3	Spontaneous Pneumothorax	1
Emphysema	15	Synovitis	1
		Ulcerations, various	6

Pulmonary Phthisis Section.**Admissions.**

Table No. 7.—During 1936, 607 patients were received for treatment for Pulmonary Phthisis. The following is an analysis of these cases, scheduled according to age, sex, and stage of disease.

	Stage of Disease.	Men.	Women.	Children	Total
Pulmonary Phthisis.	Class T.B. Minus	116	87	145	348
	Class T.B. Plus :—				
	Group I.	4	1		5
	Group II.	15	8	2	25
	Group III.	128	92	9	229
	Total	263	188	156	607

It will be seen that out of a total of 607 admissions in this section, 259 patients were found upon admission to the sanatorium to have tubercle bacilli in the expectoration. **Eleven children were admitted with positive sputum in advanced stages of the disease.** In the remaining 348 admissions the sputum examination was negative, but this finding does not exclude the probable possibility of intermittent bacillary presence in the expectoration.

Discharges.

The number of patients who had undergone a satisfactory period of residential treatment and who were discharged during the year was 531. The results of treatment are indicated in Table No. 8, which sets forth in tabular form relevant data of importance.

TABLE No. 8.

	DURATION OF RESIDENCE IN SANATORIUM													
Classification upon Admission.	Condition upon Discharge.	Under 3 Months.			3 to 6 Months.			6 to 12 Months.			Over 1 Year.			Total
		M.	W.	C.	M.	W.	C.	M.	W.	C.	M.	W.	C.	
Class T.B. Minus	Quiescent	11	5	15	18	10	23	2	8	13	5	1	7	118
	Improved	28	26	37	20	22	39	3	10	21	2	5	2	215
	N. M. Imp.	3	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	5
	Died	1	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	2
Class T. B. Plus—Group 1	Quiescent	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1
	Improved	.....	1	.....	.....	1	.....	1	1	.....	.....	.....	.....	4
	N. M. mp.	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Died	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Class T. B. Plus—Group 2	Quiescent	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1
	Improved	4	1	.....	2	2	.....	2	3	.....	1	.....	.....	15
	N. M. Imp.	3	2	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	6
	Died	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Class T. B. Plus—Group 3	Quiescent	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	1
	Improved	24	16	1	33	19	1	15	5	.....	4	3	.....	121
	N. M. Imp.	6	8	2	10	12	.....	3	2	.....	.....	1	.....	44
	Died	16	12	.....	5	2	1	4	1	.....	3	1	.....	45
	Total	96	72	55	90	69	64	31	31	34	16	11	9	578

Briefly, 121 patients suffering from tuberculosis of the lungs were discharged free of any clinical evidence of the disease, 355 were discharged free of disabling symptoms, 55 derived no benefit from sanatorium residence, and 47 died.

SURGICAL SECTION.

Admissions :—

66 patients suffering from the non-pulmonary forms of tuberculosis were received during the year for treatment. An analysis of these cases is made in Table No. 9.

TABLE No. 9.

Disposition of Lesion	Men	Women	Children	Total
Osseous	3	5	10	18
Abdominal	1	4	20	25
Other Organs	1	—	1	2
Glandular	3	2	16	21
	8	11	47	66

In this section, children form the majority of the admissions. So-called "surgical disease" and tuberculosis of the abdominal cavity and its contents comprise the majority of admissions from the clinical viewpoint. This observation is worthy of thought in connection with the problem of infected milk, or lack of suitable and sufficient milk.

Discharges :—

During the same period 60 patients were discharged after varying periods of treatment. It appears to me in this section that figures pertaining to cases under 3 months in residence are valueless.

TABLE No. 10.

	DURATION OF RESIDENCE IN THE SANATORIUM.													
Type of Disease upon Admission.	Type of Disease upon Discharge.	Under 3 Months.	3 to 6 Months.	6 to 12 Months.	Over 1 Year.	Total								
		M. W. Ch.	M. W. Ch.	M. W. Ch.	M. W. Ch.									
Osseous	Quiescent	.....	.....	.....	1	1	1	3			
	Improved	2	3	2	1	2	3	5	1	19				
	N.M. Imp.	1	1	.....	.....	1	.....	.....	1	4
	Died	.....	.....	.....	1	.....	.....	1	.....	2
Abdominal	Quiescent	.....	.....	5	2	.....	.....	3	10	
	Improved	.....	1	5	1	1	4	.....	1	14		
	N.M. Imp.	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Died	.....	.....	.....	.....	.....	.....	.....	.....	.....
Other Organs	Quiescent	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Improved	.....	.....	.....	.....	.....	.....	.....	.....	.....
	N.M. Imp.	.....	.....	.....	1	.....	.....	.....	.....	1
	Died	.....	.....	.....	.....	.....	.....	.....	.....	.....
Glandular	Quiescent	.....	.....	1	1	.....	.....	.....	2	
	Improved	.....	.....	3	1	.....	2	.....	.....	6
	N.M. Imp.	1	.....	.....	.....	.....	.....	.....	.....	1
	Died	.....	.....	.....	.....	.....	.....	.....	.....	.....
	Total	4	5	8	4	1	12	6	3	1	6	6	6	62

In this department 15 patients were discharged free from any clinical manifestations of tuberculosis, and 39 free from disabling manifestations, 6 patients received no benefit from treatment and 2 died.

DEATHS.

49 deaths occurred, 47 the result of pulmonary phthisis and 2 the result of non-pulmonary tuberculosis. Revelant data are scheduled in appended tables:—

TABLE No. 11.

Duration of Residence prior to Death :

	Days.			Months.				Total
	1-10	11-20	21-31	1-3	4-6	6-12	Over 12	
No. of Cases	1	8	4	20	5	7	4	49

TABLE No. 12.

	Age Periods in years between which death occurred.										Total
	Under 10	11-15	16-20	21-25	26-30	31-35	36-40	41-50	50-60	Over 60	
No. of Deaths	1	2	13	7	7	8	3	3	3	2	49

Sputa Examinations } Analysis of Deaths :—
Family History }

Deaths	Family History		Sputum	
	Positive	Negative	Positive	Negative
49	8	41	44	3

Too many deaths occur within a period of days following admission. During 1936, 34 occurred within a period of 3 months. Transfer to sanatorium life at such late stage is but a waste of money and a misdirection of ill-conceived energy. No benefit can be obtained by the patient: all the harm in a sociological sense possible to be done by the patient has already been done: and not infrequently such a patient is, upon his or her urgent request, re-transferred home after a few hours or days to die. It is, doubtless, well said that every consumptive should die under sanatorium conditions, but I take it that this corollary does not mean that patients should be dumped upon the sanatorium when at death's door, or that patients who have undergone periods of especial therapy in other hospitals and sanatoria should be directed towards the Municipal Sanatorium when all has failed. At times I wonder how far the "all-important" question of statistics enters into this problem!

It may be noted:—

- (1) That 26.5 per cent. of deaths occurred within a month after admission. Indeed in a majority of these patients the period after admission was merely a period of survival.
- (2) That upon admission in 44 cases (out of a total of 47) the sputum findings were positive to the Tubercle Bacillus.
- (3) That in only 8 instances, (16.3 per cent.) was there elicited after diligent enquiry a history of antecedent tuberculosis in the family or social circle.
- (4) That 40.8 per cent. of deaths occurred within the age period of 15 years and 25 years. From this it is obvious that the critical time is adolescence and that our efforts should be concentrated on measures calculated to remove or reduce that crisis, i.e. begin with the children.

REPORTS OF THE SPECIAL DEPARTMENTS.

Radiography :—

Number of skiagrams	.....	.....	.....	859
Number in respect of pulmonary disease	.....	707	.....
Number in respect of surgical disease	.....	122	.....
Number of opaque meal examinations	.....	24	.....
Number of pyelograms	.....	6	.....
Number of screen examinations	.....	.....	.....	926
Total				1,785

Artificial Pneumothorax :—

Number of cases induced	.....	.....	.....	28
Number of patients	.....	.....	.....	32
Number of "Refills"	.....	.....	.....	196

Arrangements have now been made whereby patients after discharge continue their "refill" treatment at the Central Tuberculosis Clinic, thus obviating the necessity, as in previous years, of attendance at the sanatorium.

Gold Therapy (Myocrisin) :—

Number of patients	.....	.....	.....	.....	.....	39
Number of injections	.....	.....	.....	.....	.....	275

Actinotherapy :—

Number of patients treated $\frac{1}{c}$ Radiant Heat	.....	.....	.....	.....	24
Number of treatments $\frac{1}{c}$ Radiant Heat	.....	723	.....	.....
Number of light hours	.....	223	.....	.....
Number of patients treated $\frac{1}{c}$ Ultra Violet Light	.....	.....	.....	.....	20
Number of treatments $\frac{1}{c}$ Ultra Violet Light	.....	237	.....	.....
Number of light hours	.....	71	.....	.....

Theatre :—

Aspirations—various	.....	.....	.....	.....	28
Gas replacement	.....	.....	.....	.....	1
Incisions, etc.	.....	.....	.....	.....	14
Other minor procedures	.....	.....	.....	.....	12

Total 55

Dental Theatre :—

Fillings	.....	.....	.....	.....	134
Dressings	.....	.....	.....	.....	943
Extractions	.....	.....	.....	.....	132

LABORATORY.

Concentration methods now occupy a prominent place in the routine examination of sputa for Tubercle Bacilli. On admission all specimens are examined by the direct method, intensified by triple staining. Specimens negative by the direct method are re-examined monthly, if available, for 2 months by the Pottenger Method, known as the Gasolene Concentration Test. The same procedure is adopted in respect of patients prior to discharge. The results of the intensive bacteriological examination of sputa obtained by these methods are definite aids to diagnosis and to the assessment of the results of treatment. It is too early to give cut-and-dried figures of comparison, but up-to-date some 15 per cent. specimens negative on examination by the direct method have been proved to be positive by the Gasolene Concentration Test. It is a matter of interest also that the Albumen Test corroborates these methods very closely. In certain cases where clinical doubt arose, cultural examination was carried out, being positive in four cases.

Following on the above lines, the appended results were obtained :—

Patients on Admission :—	Sputa examination positive	.....	.....	210
	Sputa examination negative	.....	.....	276
	Sputa examination positive (repeats)	.....	.....	35
	Sputa examinations negative (repeats)	.....	.....	262
Patients on Discharge :—	Sputa examination positive	.....	.....	75
	Sputa examination negative	.....	.....	236

Examination of sputa for the presence of albumen gave the following results :—

T.B. negative—Albumen positive	.....	.....	.....	5
T.B. positive—Albumen negative	.....	.....	.....	9
Findings as for sputa bacteriological examination	.....	.....	.....	472

Haematological Examinations :—

Blood Counts (Arneth's Method)	.....	.....	.....	353
Differential Cell Counts	.....	.....	.....	60
"Sedimentation Rate" Estimations	.....	.....	.....	369

Miscellaneous :—

Renal Efficiency Tests	79
Gold Excretion Estimations	236
Ph Determinations	663

The following bacteriological work of an especial nature was carried out by the City Bacteriologist :—

Blood Examinations (Wasserman Reaction)	236
Swab Examinations	6
Special Urine Examinations	7
Other, various	11

OPEN-AIR SCHOOL.

Average attendance on rolls	80.9
Average attendance (boys)	43.0
Average attendance (girls)	32.1
Average daily attendance	75.1

METEREOLOGICAL REPORT.

A schedule of systematic observations was commenced on the 5th October, 1936 and consequently it is not possible to give a complete report. Such observations, will become increasingly valuable and interesting as time goes on. They may be compared with the general average for the country, with those of other suggested areas, and with those of other sanatorium regions. They may even be of use to answer critics!

The following data for the first three months, whilst admittedly inconclusive, may be of interest to the members of Committee.

Days without rain	46
Days with rain	47
Greatest daily rainfall	2 inches
Least daily rainfall	.05 inches
Maximum Temperature	63 dgs. F.
Lowest Temperature	29 deg. F.
Highest Barometric Pressure	30.4 Mm. Hg.
Lowest Barometric Pressure	29 Mm. Hg.

COSTS.

Estimated and Expenditure accounts will be found as an appendix at the close of this report. It will be seen that when loan charges and capital Expenditure are excluded the net maintenance cost per patient for the year ended 31st March, 1936 is £1. 12s. 8½d. per patient per week. This is the lowest cost to be found in any like institution in the kingdom, and is noteworthy in that the Whiteabbey Dietary Scale is unexcelled, including fresh meat, fresh vegetables, fresh eggs, Grade A butter and milk and many minor refinements, the staff salaries and wages in addition being in accordance with or in excess of approved scales.

EXTENSION SCHEME.

The year 1936 will be memorable in that it witnessed the completion of the plans for an extension of the Municipal Sanatorium. A public enquiry into the proposed works was held by the Ministry of Home Affairs in July; the findings of this enquiry may be briefly summarised as follows :—

(1) That a necessity for increased accommodation for all types of tuberculosis is present.

(2) That accordingly both the Municipal Sanatorium at Whiteabbey and the Hospital for Tuberculous Children at Graymount should be enlarged.

(3) That the available acreage at Whiteabbey is too restricted to permit of complete extension schemes.

(4) That it would be well for the Local Authority to consider the question of a complete comprehensive scheme, embodying the treatment of all types of tuberculosis; such a scheme could possibly with efficiency and economy be managed under one administration, i.e. one unit of staff kitchens, contracts, etc., etc. serving two hospital units working as one.

Accordingly, subsequent to a consultation between the Ministry of Home Affairs and the Tuberculosis Committee, advertisements have been issued inviting offers of lands available for the above-mentioned works, and at the time of writing this report the Committee, together with Ministry Officers and the Committee Officials, are engaged upon the work of inspection and valuation of the offers received in response to advertisements.

The present proposals may be very briefly outlined as follows:—

The purchase of a site, say of 100 to 500 acres, with good service facilities, and suitable orientation.

The erection thereon of two hospital units at diverging points on the site, one unit being for pulmonary disease in patients at all ages and non-pulmonary disease in adults, the other for non-pulmonary disease in children. Obviously, the word 'unit' may embrace one or more buildings.

The suggestion that we should have two pulmonary hospitals was considered, and, in my opinion wisely, was held to be impracticable.

Writing on this subject in 1935, the Central Tuberculosis Officer of the Lancashire County Council, which controls 24 tuberculosis dispensaries and 966 beds said, **"I believe then that Tuberculosis Institutions for pulmonary disease should treat on one and the same site the good, the bad, and the intermediate case, and treatment will often have to be of long duration."** Speaking altogether apart from economical and administrative considerations, the psychology of the people of the North of Ireland is such that any institution or hospital designated solely for the admission of chronic and advanced cases would defeat its own ends. Some colleagues have given it as their opinion it would rapidly empty itself. I submit that not fifty per cent of the beds would be occupied at the inception and these fifty per cent would discharge themselves in a crescendo fashion. Nevertheless a few beds available for moribund cases in a local general or district hospital would be essential.

The plan upon which the local authority are now embarking would seem to combine all these factors, economical and psychological, into one unit or colony in a most satisfactory arrangement, which combined with thorough examination at the clinics, ensuring that only cases of definite tuberculosis are accepted should result in a most economical and efficient scheme directed towards the eradication of active tuberculosis in our midst

The scheme, therefore, will be somewhat on the following lines:—

(1) A unit for Pulmonary Phthisis, embracing a reception hospital and a sanatorium. In this unit, accommodation will be provided for cases of surgical disease in adults.

(2) A unit for non-pulmonary phthisis in children, embracing an osseous section, a section for other non-pulmonary lesions, and a section for hilar types.

(3) Central church, open-air school section, x-ray-pharmacy-theatre-block, etc.

(4) Central nurses' and maids' homes and administration quarters serving both units.

Arrangements for the treatment of pulmonary phthisis in children require careful consideration and such patients may be divided into three categories and dealt with as follows :—

- (A) Children with positive evidence of gross disease (vide next section in this report) would be provided with separate accommodation in the adult pulmonary unit.
- (B) Children of the 'Hilus' variety would be treated at the Sanatoriaum School (resident).
- (C) Children of the 'suspect' or 'contact' type would attend open-air schools provided by the local Education Authority.

PREVENTION AND EARLY TREATMENT.

The value of radiographic examination, especially serial examination, is becoming more and more apparent. Modern radiographic apparatus and technique has added greatly to the facilities at our disposal for diagnosis and control of treatment. It has been amply demonstrated that radiographic examination may reveal advanced tuberculous disease in persons in fair health apparently and not presenting signs or symptoms of tuberculous lung disease, even on clinical examination.

An investigation into such occurrences has been made by Dr. Freund. Dr. Freund's observations are based on the investigation of some 20,000 employees of the Vienna Tramways Department. Up to 1928, the mortality from tuberculosis among these tramway employees was roughly the same as for the residential quarters of Vienna, inhabited mainly by fairly well-to-do people. The poorer districts indicated a higher mortality. But, beginning with 1928, the mortality among the tramway staff dropped considerably and reached 6.5 per 1,000 (for men), whereas the mortality for the better or residential classes showed no like drop and indeed has not much varied since 1924. The improved statistics among the tramway employees can only be explained by the early radiographic examinations available to them since 1928.

These facts have been impressed upon me, working of course with infinitely smaller figures, in the sanatorium. Patients are regularly being admitted with histories of short and vague illness and to whom the diagnosis of 'tuberculosis' or 'suspect tuberculosis' came as a catastrophic bombshell. Yet on x-ray examination of many of these patients advanced tuberculosis was found.

The corollary, I submit, is the institution of early radiographic examination of the chest in all cases of vague illness, whatever the symptoms may be. If it were possible to so examine the entire population, tuberculosis would probably shortly become relegated to the scourges of the past. In the case of children, I would suggest that twice or thrice during the school years all children should be radiographically examined: many a case would be saved from death or life-long disability. 'Contact' children, i.e., children who are known to have been in contact with a prior case of tuberculosis, should be serially x-rayed every four or six months for long periods after the infection has been removed: if the latter be not removed—well, perhaps that is one of the reasons why an enlargement of the sanatoria attached to this city is so urgently required.

Finally, I would emphasise, writing from the standpoint of a Clinical Medical Officer, that serial x-ray examination is undoubtedly the one and most accurate single measure of determining diagnosis, progress or retrogression of the disease.

OBSERVATIONS.

During the year, 709 patients were admitted, 703 were discharged, and 49 died. 136 patients were discharged free from disease so far as may be determined after clinical and radiographic examination: a further 394 were discharged 'improved' or 'greatly improved'—the majority of whom should physically be self-supporting for many years to come, and of whom not a few under fair

conditions should progress to 'quiescence' ; for 60 patients and for the 49 who died sanatorium residence brought no benefit beyond that of alleviation of symptoms. In a few cases the diagnosis of tuberculosis was altered after residence and observation.

156 children suffering from the various forms of tuberculosis were admitted during the year. Of these 11 (7 per cent.) revealed the presence of tubercle bacilli in the expectoration. One shudders to contemplate the ravages which these eleven children might, could, and would make when not under surveillance. When the possibilities for intimate contact with other children in the schoolroom, playroom etc., are considered the picture becomes one of dread potentialities. We admitted eleven such 'positive' infectious youngsters, but it would be a brave man who would suggest that eleven represented the city's index in this respect. The potentialities for harm and infection appear to be unbounded.

Whilst on this subject of children, I should take the opportunity of drawing attention to another—apparently of recent origin—aspect of the subject. Until quite recently, and indeed in some quarters it still is, it was held that the well-known form of tuberculosis found in adults—the chronic progressive adult type—was never or exceptionally found in children: it was taught that the disease never became chronic and infectious—it either cleared up as a hilar condition or rapidly progressed toward death. In the past year I have collected some thirty odd radiograms of children, illustrating chronic progressive phthisis associated in not a few cases with excavation in the lungs. These children probably had exhibited no symptoms beyond that of being 'off colour,' yet radiographic examination revealed progressively advanced disease!

In many other cases the diagnosis of tuberculosis remains as difficult as ever. In the negative cases I suggest that a prolonged period in an institution is required whenever symptoms are suggestive. In this respect, the word 'Sanatorium' is unfortunate: it is a most serious step to label a child as a sanatorium ex-patient; his or her chances in later life are undoubtedly limited by such a label e.g. the services, insurance, etc. One way out of the difficulty would be to retain such children for observation and diagnosis in a purely children's unit where rheumatic, cardiac, choreic cases, etc. were also in residence. Admission to the sanatorium proper would only follow positive diagnosis in such a "children's unit."

Finally, whilst on this subject, despite statistics and figures which can be made by judicious manoeuvring to prove this or that or anything, I should like to emphasise that the apparently casually diagnosed and oft-neglected 'hilus' case in children is in actuality one of pulmonary infection requiring all the care and treatment possible. The series of radiograms of progressive adult disease in children referred to above were once "hilus cases"!!

The sheet anchor in treatment remains—rest. In suitable cases rest may be associated with carefully prescribed graduated exercise. Some cases have been found suitable for gold therapy, some for lung immobilization, and some for a combination of both therapies. Where indicated such measures have been carried out. In the non-pulmonary cases, conservancy has been practised so far as possible. And behind all this, the patient's mental attitude is all-important. The psychology of the average tuberculosis patient is as worthy of study as the physical effects of the disease he suffers from. It is a psychological blunder to advise a patient to enter the sanatorium for a week or two or a month or two to get well. Belfast patients seem to have a fixed complex in regard to the value of thirteen weeks! One thing, and one thing only is sure—that the patient will not be well after a week or two or month or two! Then there follows in train disappointment, fretting, grouching with its attendant ill effects both on the individual and on the community. And as our trans-atlantic friends say, "a grouchy patient never frightens a T.B. Bug"! It may seem desirable to encourage in this delightfully optimistic way a patient to enter the sanatorium, but on the whole, I would suggest it were better that he or she should be made to face the facts and in this way heart-burning obviated.

The other side of the picture is the occasional patient who has no desire to leave the sanatorium, or who when discharged sets all the machinery he knows into operation to get back. Some admissions into this sanatorium have entered upon their sixth, seventh, eighth, and ninth periods of residence. In many instances these re-admissions clog the work and the effect of such patients, who frequently know all about the "uselessness of everything," upon other patients is regrettable.

One last word I add—that it is the patient, not the disease, who has to be treated. There have been times when I feel that the sanatorium is regarded as a place where tuberculosis is treated "en masse" or in the aggregate by rule of thumb. Nothing further from the truth could be imagined. Each individual of necessity ranks by himself or herself, physically, physiologically and psychologically. Any other conception of the problem spells disaster.

Once again it is my pleasure to record the loyal assistance afforded me at all times by the staff. In particular, I should mention the steward, who during a year of considerable alternative duty, relieved me very considerably of much routine administration.

To the Tuberculosis Committee and the Medical Superintendent Officer of Health, I tender my thanks for and appreciation of the encouragement so freely vouchsafed me.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

A. Walker

FINANCIAL RETURN.

Tuberculosis Committee—Belfast Municipal Sanatorium.

Actual 1935-36	Estimate 1936-37		Estimate for year ending 31st March 1938.	
£	£		£	£
1,663	1,730	Medical Staff	1,832	
48	50	Dental Surgeon.....	50	
300	315	Chaplains	315	
2,102	2,128	Lady Superintendent and Nursing Staff	2,178	
614	663	Steward, Housekeeper, and Clerical Assistance	725	
315	490	Engineer and Firemen	517	
890	938	Cooks, Wardsmails and Kitchenmaids.....	899	
1,922	1,772	Gardeners, Porters, Joiners and Labourers	1,847	
280	316	Superannuation	230	
57	65	Rates, Taxes and Insurance	80	
1,531	1,750	Heating and Lighting	1,995	
864	1,000	Medicines and Medical Appliances	1,000	
6,379	6,500	Food for Patients and Staff	6,500	
1,703	1,175	Repairs and Improvements	1,275	
147	180	Advertising, Printing and Stationery	180	
246	500	Clothing and Bedding	500	
57	100	Farm Expenses	100	
507	400	Furniture, Hardware, Cleaning Materials, etc.	450	
597	650	Laundry Work	650	
30	25	School Requisites	30	
95	100	Telephone Charges	100	
121	150	Uniforms and Clothing.....	150	
272	300	Water	300	
1,263	1,260	Loan Charges	1,000	
474	520	Sundries	510	
1,018	—	Revenue Contributions for Capital Purposes	—	
—	—	Superannuation Scheme	200	
				23,613
23,495	23,077			

Cost per Patient per week
Year ended 31st March, 1936

Expenditure (net) for year.....	£22,808 19 3
Subtract Sales, etc. ....£605 5 9.....	£22,203 13 6
Aggregate number of treatment days.....	95,097
Cost per Patient per week.....	£1 12 8$\frac{1}{4}$

MUNICIPAL HOSPITAL FOR TUBERCULOUS CHILDREN, BELFAST

The Report of the Visiting Surgeon for the Year Ended 31st December, 1936

To the Medical Superintendent Officer of Health.

Sir,

I beg to submit my report on the Clinical work at Graymount for the year, 1936

There were fifty-six patients in hospital on the 1st January, 1936, and seventeen new patients were admitted during the year. In addition one former patient was re-admitted with deformity of the knee and discharged again after correction of the deformity.

The new cases included five patients suffering from spinal caries, six from disease of the hip joint, one from chronic abscess of the thigh, two from disease of the knee joint, two from disease of the foot bones and one with multiple lesions.

Eight patients were temporarily transferred to the Belfast Infirmary suffering from chicken pox. Seven of these returned to Graymount, but the eighth, which had been admitted to Graymount from the Infirmary fifteen days before did not return. I understand that the parents objected to the child's transfer to Graymount. Four patients were transferred to Purdysburn Fever Hospital suffering from diphtheria, three returned to Graymount and the fourth was still in Purdysburn at the end of the year.

There was one death from chest complications in a case of spinal caries.

Fifteen cases were discharged with "disease arrested," six cases of spinal caries, one of Perthes' disease, six cases of disease of the knee joint, one case of disease of the ankle joint and one of disease of the foot bones. Three patients were removed by the parents, one case of spinal caries after five days, one case of hip joint disease after six days and one case of disease of the foot bones owing to the parents removing to live in Scotland.

Eighteen patients who suffered from infections of the throat had swabs taken; in fourteen the swabs were negative and in four they showed the presence of the diphtheria bacillus. Eight patients suffered from ringworm. There was one case of pleurisy, one of impetigo and one of chilblains.

Fifty-three patients remained in hospital on the 1st January, 1937, consisting of twenty-six cases of spinal caries, all doing well except two, one of whom is paralysed and the other has since died; twelve cases of hip joint disease, all at present doing well; one case of thigh abscess, doing well; eight cases of disease of the knee joint, all doing well; one case of disease of the ankle, almost cured; one case of disease of the foot bones, almost well; and four cases with multiple lesions, in good general health.

NUMBERS OF ADMISSIONS AND DISCHARGES DURING 1936.

Remained in hospital on 1/1/36	.....	.....	.....	56
New Admissions	.....	.....	.....	17
Re-admitted for correction of deformity	.....	.....	.....	1
Re-admitted after temporary discharge on account of Chicken Pox	.....	.....	.....	7
Re-admitted after temporary discharge on account of Diphtheria	.....	.....	.....	3
Total	.....	.....	.....	<u>84</u>

Discharged, disease arrested	.....	.....	.....	15
Discharged by death	.....	.....	.....	1
Removed by parents	.....	.....	.....	3
Temporary discharges on account of Chicken Pox	.....	.....	.....	7
Transferred on account of Chicken Pox and did not return	.....	.....	.....	1
Temporary discharges on account of Diphtheria	4
Total	<u>31</u>

Remained in hospital on 1/1/37	53
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The Conditions for which new patients were admitted during 1936 were :—

Spinal Caries	5
Hip Joint Disease	.....	.....	.....	6
Chronic Abscess Thigh	.....	.....	.....	1
Disease of Knee Joint	.....	.....	.....	2
Disease of Foot Bones	.....	.....	.....	2
Multiple Lesions	.....	.....	.....	1
Total	.....	.....	.....	<u>17</u>

DISCHARGES DURING 1936.

The following tables give the details of the condition on admission, the reason for discharge and the condition on discharge.

SPINAL CARIES.

Reg. No.	Age on Admission	Sex	No. of Days Treated	Condition on Admission	Cause of Discharge	Condition on Discharge
				Disease arrested		6
				Temporary discharge, Chicken Pox		4
				Temporary discharge, Diphtheria		1
				Died		1
				Removed by Parents after five days		1
304	3 yrs.	F	1,225	Caries 3rd and 4th Thoracic Vertebrae, Round back and short neck.	Disease Arrested	No deformity. In excellent health.
280 & 368	1 yr., 5 mths.	M	1,614 & 43	Caries 5th Lumbar Vertebra	Disease Arrested	No deformity. In good health.
333	12 yrs., 8 mths.	F	517	Caries 11th & 12th Thoracic Vertebrae. Quiescent	Disease Arrested	No deformity. In good health.
251 & 336	3 yrs., 3 mths.	M	1,573 & 495	Caries 9th and 10th Thoracic Vertebrae. Angular deformity.	Disease Arrested	No deformity, but slight roundness. Good health.
296	10 yrs.	F	1,403	Caries 10th and 11th Thoracic Vertebrae. Slight Angulation.	Disease Arrested	No deformity. In good health.
324	12 yrs., 6 mths.	M	845	Caries 3rd and 4th Lumbar Vertebrae. Slight convexity.	Disease Arrested	A stout healthy boy with no deformity.
374	1 yr. 8 mths.	M	35	Caries Thoracic Spine and Asthma	Died Cardic Failure	---
367	8 yrs., 6 mths.	F	5	Caries Thoracic Spine and Cervical Adenitis.	Removed by Parents	---
338	3 yrs.	M	348		Chicken Pox	Re-admitted.
319	3 yrs.	M	680		Chicken Pox	Re-admitted.
286	4 yrs.	F	1,420		Chicken Pox	Re-admitted.
280	1 yr., 5 mths.	M	1,614	See above.	Chicken Pox	Re-admitted.
322, 355 and 383	2 yrs., 6 mths.	M	501 & 282		Diphtheria	Re-admitted.

DISCHARGES DURING 1936.

Hip Joint Disease.

Temporary discharge, Chicken Pox	.....	.....	2
Temporary discharge, Diphtheria	.....	.....	2
Removed by parents	.....	.....	1
Perthes' disease, disease arrested	.....	.....	1

Reg. No.	Age on Admission	Sex	No. of Days Treated	Condition on Admission	Cause of Discharge	Remarks
353	3 yrs., 9 mths.	F	172	Stiffness and spasm left hip.	Temporary. Chicken Pox	Re-admitted.
371	4 yrs.	M	13	Abscess right hip.	Temporary. Chicken Pox.	Re-admitted.
371 & 372	4 yrs.	M	13	Abscess right hip.	Diphtheria	Re-admitted.
326 & 385	7 yrs. 11 mths.	M	756	Perthes' disease right hip.	Diphtheria	Re-admitted.
352	7 yrs., 8 mths.	F	447	Perthes' disease right hip.	Disease Arrested	Full mobility. No pain.
360	10 yrs., 8 mths.	M	6	L. hip joint disease.	Removed by Parents.	In statu quo.

TUBERCULOSIS OF KNEE JOINT.

Disease arrested 5
 After correction of deformity 1
 Temporary discharge, Chicken Pox 1
 Temporary discharge, Diphtheria 1

Reg. No.	Age on Admission	Sex	No of Days Treated	Condition on Admission	Condition on Discharge	Cause of Discharge	Joint Movement on Discharge
303	8 yrs., 3 mths.	M	1,107	90 degrees flexion; scarring from burns. Sinus	Knee straight. Sinus Healed	Disease Arrested	None
323	1 yr., 11 mths.	F	642	---	---	Chicken Pox	Re-admitted
298	6 yrs.	M	1,279	White swelling	Normal	Disease Arrested	90 degrees movement
298 & 376	10 yrs.	M	141	Knee flexed and stiff	Mobile	Disease Arrested	90 degrees movement
331	13 yrs.	M	546	Synovial swelling both knees	---	Disease Arrested	Full. Probably not T.B.
328	8 yrs., 1 mth.	M	595	White swelling. Knee stiff	No swelling	Disease Arrested	135 degrees movement
313	8 yrs.	M	1,211	30 degrees Flexion	Straight	Disease Arrested	Stiff Knee
334 & 334	6 yrs. 3 mths.	M	608	T.B. Knee	Active disease	Diphtheria	Re-admitted

DISCHARGES DURING 1936.
TUBERCULOUS DISEASE OF ANKLE.

Disease arrested 1						
Reg. No.	Age on Admission	Sex	No. of Days Treated	Condition on Admission	Cause of Discharge	Joint Movement
297	2 yrs. 6 mths.	F	1,383	Swelling and two discharging sinuses right Ankle joint	Disease arrested, health good, bones consolidated	Full mobility

DISEASE OF FOOT BONES.

Removed by Parents							2
Reg. No.	Age on Admission	Sex	No. of Days Treated	Condition on Admission	Cause of Discharge	Condition on Discharge	
348	2 yrs. 5 mths.	M	157	Caries 3rd right Metatarsal bone	Removed by Parents	Disease arrested	
375	2 yrs.	M	51	Caries right tarsal bones	Removed by Parents as they are moving to Glasgow	In statu quo. In Plaster of Paris	

MULTIPLE LESIONS.

Removed by Parents 1						
Reg. No.	Age on Admission	Sex	No. of Days Treated	Condition on Admission	Cause of Discharge	Condition on Discharge
362	7 yrs.	M	15	Caries left shoulder joint and right wrist joint	Transferred to Infirmary with Chicken Pox and removed from there by Parents	In statu quo. Chicken Pox

INFECTIOUS DISEASES.

In these cases there was no mortality :

Diphtheria	.....	.....	.....	4
Chicken Pox	.....	.....	.....	8
Tonsillitis	.....	.....	.....	17
Ringworm	.....	.....	.....	8

MINOR OPERATIONS.

Aspirations of Abscesses	.....	.....	.....	2
Incisions for drainage	.....	.....	.....	3
Manipulation and Plaster for Pes Planus	.....	.....	.....	1

DENTAL TREATMENT.

The following work was carried out by the Visiting Dental Surgeon :

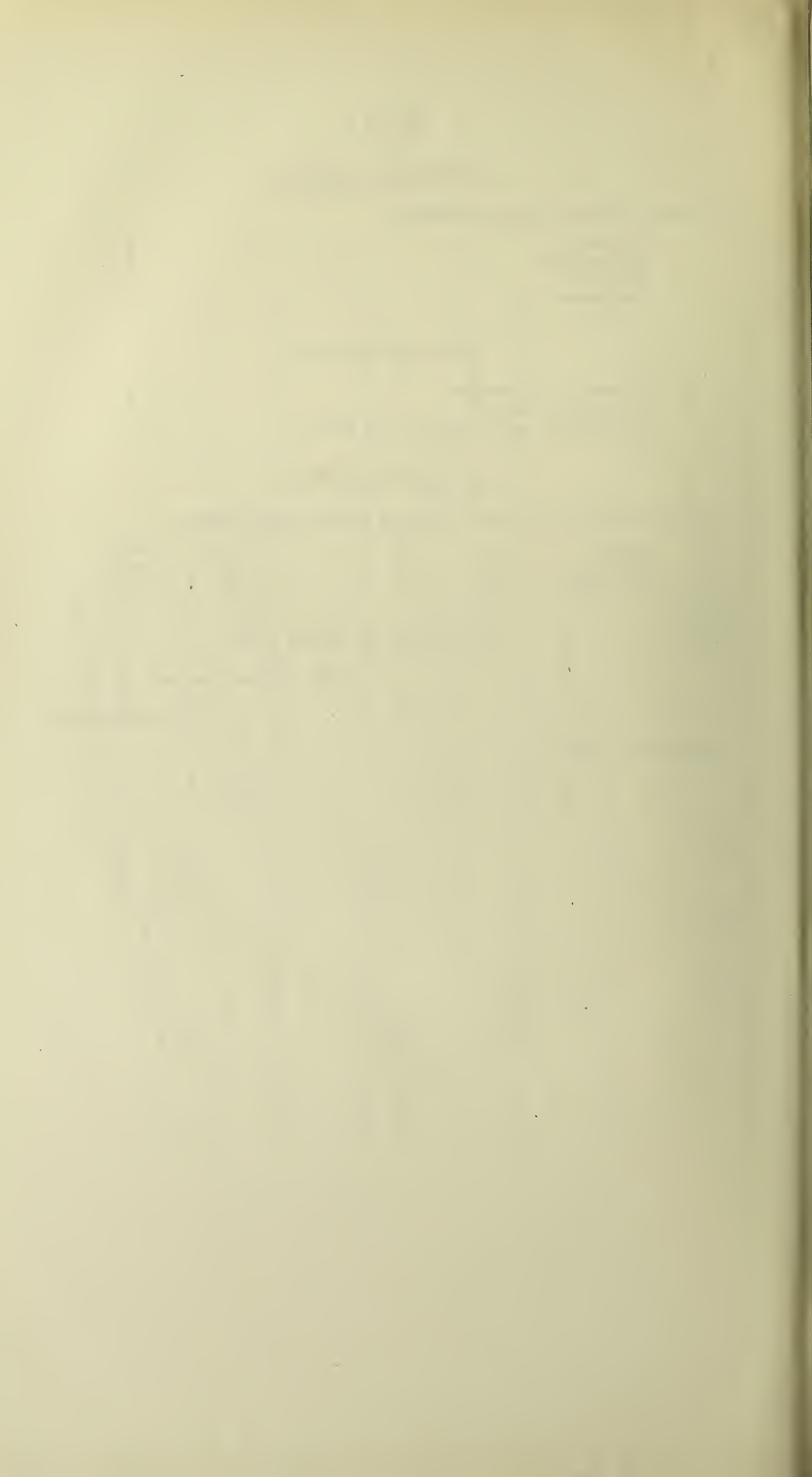
Fillings	.....	.....	.....	49
Dressings	.....	.....	.....	384
Extractions	21

I have the honour to be,

Your obedient servant,

H. P. MALCOLM

18th March, 1937.



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